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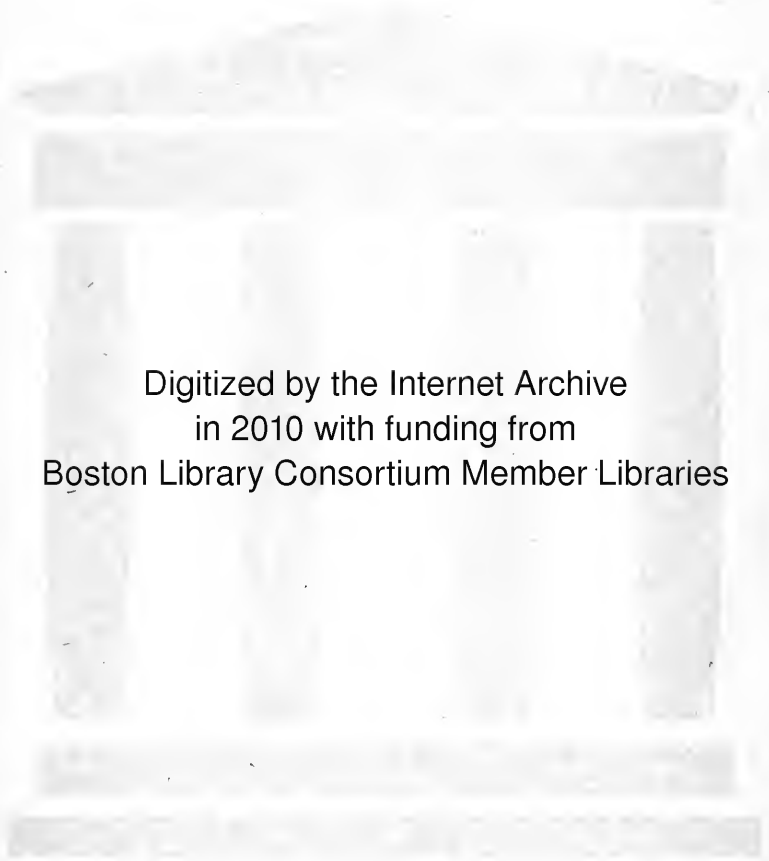
NINTH ANNUAL REPORT OF THE CRIMINOLOGIST

July 1, 1925 to June 30, 1926

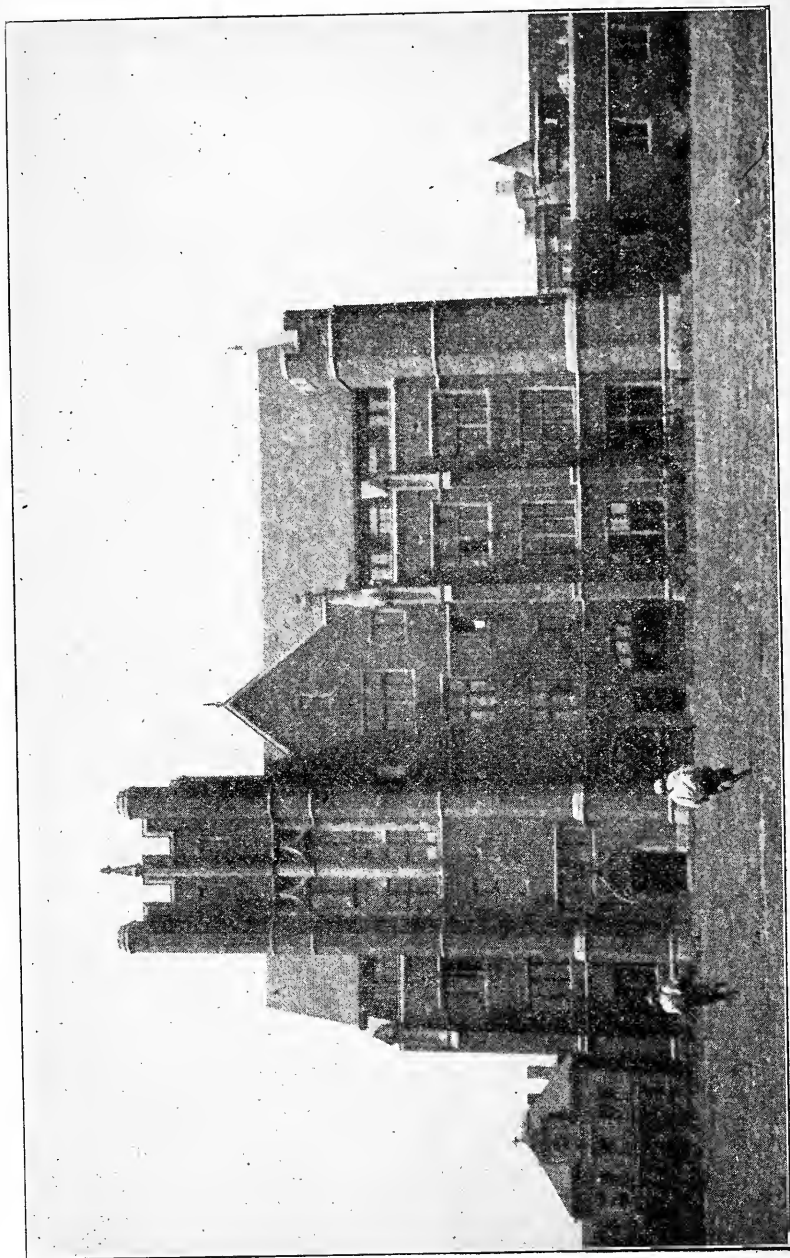
HERMAN M. ADLER, M. D.
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DEPARTMENT OF PUBLIC WELFARE
C. H. JENKINS, *Director*



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DIVISION OF CRIMINOLOGY.

HERMAN M. ADLER, M. D., *Criminologist.*

NINTH ANNUAL REPORT.

HERMAN M. ADLER, M. D., *Criminologist.*

Introductory.

THE DIVISION OF CRIMINOLOGY presents herewith a summary of the ninth year of its activity, covering the period ending June 30, 1926.

Men everywhere are conscious of a certain helplessness in dealing with the strange human motives and conduct that we call crime. More and more it becomes evident that scientific study is essential to offer something wiser than the present method where society is bent on apprehending and identifying the enemy of society and putting him away for "safe keeping." Obviously something more satisfactory must be developed than this. In the meantime, the community can only maintain its protective attitude until the scientific study of the central problems of human behavior points out not only better methods of treatment but also means of prevention for a more effective protection of the community.

The individual who in former times could not adapt himself to the standards and conventions of the group, in which he lived, could find reasonably safe and satisfactory outlets for his personal idiosyncrasies. In a small, uncrowded and relatively simple community, he might live out his life quite comfortably, regarded as "a bit queer" by his neighbors, but calmly accepted and even perhaps kindly protected by them. Or the more adventurous type, possessed of greater initiative, might gratify his desires by emigrating to a pioneer community, or undertaking such a hazardous job as riding the pony-express, or hiring out as a soldier of fortune. But now-a-days in modern congested cities, the first of these, unable to adjust to this complex environment, becomes an unhappy failure, and the adventurous type may even run amuck and become a menace to his fellows.

It is because we have in our modern society so many individuals who need genuine help and scientific guidance to adjust to the complexities of modern life that a branch of medicine, psychiatry, has had to be developed to meet these problems.

It was with this in mind, that THE FRIENDS OF THE INSTITUTE FOR JUVENILE RESEARCH, representing a most distinguished group of public-spirited citizens of Chicago from the ranks of the medical and other professions and the business world, organized a campaign and obtained from the community subscriptions for a fund, known and in-

incorporated as the BEHAVIOR RESEARCH FUND to be devoted to research in the central problems of human behavior for a period of five years.

An attractive series of booklets, "A Friend to the Children of Illinois," "What Medicine Can Do for Misbehavior," "Buried Treasure," "The Story of Robert Adams" and "The Story of Marion" were very successful in educating the community as to the purposes and goals of the Institute and particularly the Research Fund.

The climax of this campaign was a luncheon and symposium held at the Hotel Sherman, January 23, 1926, which over one thousand persons attended to hear Dr. Adolf Meyer, Psychiatrist-in-Chief of the Johns Hopkins Hospital, President William Allan Neilson of Smith College, Dr. Isaac A. Abt, Child Specialist and Professor of Pediatrics of Northwestern University Medical School, and Professor Charles E. Merriam, of The University of Chicago, each discuss some phases of "The Scientific Study of Human Behavior." The earnest attention of this large audience to the speakers is evidence of a very deep belief that scientific study of human behavior must and will yield not only methods both for treatment and prevention of delinquency and crime, but add also to the sum total of human happiness.

In order to make this BEHAVIOR RESEARCH FUND effective in the fall of 1926, the Contributors to, and Members of the Behavior Research Fund elected Trustees to hold office and have the control and management of the Fund for and during the period of five years. This action was taken at a meeting held May 5, to which all Contributors and Members were invited. The Board of Trustees has been organized and has elected its officers. The Members of the Board are:

Mr. Cyrus H. McCormick, *Chairman*
 Miss Mary M. Bartelme, *Vice-President*
 Dr. Herman M. Adler, *Secretary*
 Mr. Roy C. Osgood, *Treasurer*
 Dr. Ludvig Hektoen
 Mr. Joseph Halle Schaffner

It should be pointed out that this private endowment, added to the appropriations made by the legislature, enables the State of Illinois to carry on the most progressive work in this field of any of the States.

At the beginning of the spring the Institute moved its headquarters from 721 South Wood Street to 907 South Lincoln Street, where it occupies five floors and the basement of the building originally intended as a children's surgical hospital. While this building is not planned especially for the work of the Institute, it is a tremendous improvement over the former quarters and has enabled the Institute to improve its service to the community.

I. INSTITUTIONAL WORK.

Introductory.

As has been repeatedly noted in previous reports, the relation of the Division of Criminology to the other divisions of the Department

of Public Welfare is an advisory one only. It has during the period of this report continued to function in this advisory capacity to the Division of Prisons and to the Division of Pardons and Paroles through the psychiatrists, psychologists and social workers who represent the Division of Criminology in the several State institutions.

A. ILLINOIS STATE PENITENTIARY, JOLIET.

Until almost the close of the year, the Illinois State Penitentiary at Joliet was the only institution of the penal group in which there was a Resident Psychiatrist. For this reason it has been possible to do somewhat more thorough and complete work at this institution. Dr. Walter B. Martin is the Resident Psychiatrist and also holds the position of Mental Health Officer on the staff of the penitentiary.

During the year a total of 1,435 psychiatric examinations was made. Of these, 616 were final reports made to the Division of Pardons and Paroles at the conclusion of eleven months or more of observation, when the prisoners went before the Parole Board to be considered for parole. Preliminary studies were made upon 743 new prisoners within a few days after their admission. The remaining 76 were special examinations, made at the request of officers, or because of some act or behavior on the part of the prisoner attracting attention.

During the same period 884 group and individual psychological tests were given.

Blood Wassermann tests were made upon the 743 new prisoners. Additional tests were made at the request of prisoners, or the Prison Physician, in 271 cases. Spinal fluid tests were made when indicated.

Until the last part of the year the department continued its work in the Observation Building at the New Prison. New prisoners were placed in the sixteen observation cells for a period of three to five days or until the tests were completed. They were then transferred to the Old Prison and assigned to work. It was possible to sort out individual cases for special study and either detain them for prolonged observation or mark them for later study. It was only by having cases close at hand, concentrated and under constant observation and supervision of the Psychiatrist, that the large number of examinations was possible.

At the close of the year the receipt of new prisoners at the New Prison and the use of the Observation Building was abandoned. New prisoners are now housed with the other prisoners in the regular cell blocks at the Old Prison and are called to the Mental Health Office for tests and examinations when needed.

The preliminary study of new cases consists in taking a complete history, including the history of the crime, giving a group intelligence test, an individual test when the prisoner fails in the group test or is illiterate, a blood Wassermann test and a psychiatric interview.

The psychiatrist, as Mental Health Officer, assists in the administration of the Progressive Merit System. This is a system in vogue for recording the attitude, workmanship and behavior of prisoners

during their term of imprisonment. The psychiatrist is thus able to keep in close touch and make special observations on the habitual violators of prison discipline.

At the end of eleven months, or the minimum sentence, a summary of the findings on each prisoner, together with a diagnosis and a recommendation, is given to the Division of Pardons and Paroles. An opinion is offered as to the man's probable success or failure upon parole, and recommendations are frequently made for special care, custody or supervision after leaving the institution.

Following this policy, during the last year nine cases were recommended for commitment to state hospitals, and so committed at the conclusion of their sentence here. These were recognizable cases of mental disease or mental defect and commitment was decided upon to prevent future difficulty and to protect the community into which they would have gone if paroled or discharged. In addition nine other cases were transferred to the Chester State Hospital for permanent care, custody and treatment.

During the year thirty-five prisoners were isolated at various times and for various periods, for observation and treatment because of acute mental disorders. Those committed to Chester and other State Hospitals were selected from this group. At the close of the year there were twelve under constant observation, one a waiting commitment to a state hospital and the remainder to Chester State Hospital. The crowded condition of Chester State Hospital has made it impossible to transfer men as quickly as it is desired for their good. It is frequently necessary to keep men under observation from six months to a year before vacancies can be procured for them at the Hospital for the Criminal Insane.

The Division of Pardons and Paroles has given its heartiest cooperation to the efforts of the Criminologist to obtain the proper treatment, by transfer when necessary, to other institutions. Conditional paroles or discharges are given selected cases. The condition required of such cases is that the patient be committed to the proper institution—a state hospital or the School for the Feeble-Minded. The parole agents under the Division of Pardons and Paroles have cooperated with the Psychiatrist by filing a petition in the home county of the prisoner and making all arrangements for the hearing. The Psychiatrist has appeared before the County Judge and presented the reasons for asking commitment to a charitable institution. No such requests have been denied in more than two years of operating under this plan.

Prolonged periods of observation of mental cases before transfer to Chester State Hospital are the rule at present. This is to avoid the transfer of men between the two institutions who may recover after brief mental upsets. This has occurred frequently in the past, but of those transferred during the last two years only one has thus far sufficiently recovered to be considered for a transfer back to Joliet.

The advantages of including blood and spinal fluid tests as part of a thorough preliminary examination of all new prisoners is indicated

by the following case. This man was originally admitted to the penitentiary on February 25, 1912, and has been confined continually since then, with the exception of two brief periods on parole. He was not given the detailed examination now given men upon admission and the result is that a syphilitic infection, present on admission, has advanced to a hopeless case of general paresis before attracting attention.

The following is a summary of his case:

C. B., No. 2582—This man was sent to the penitentiary on a charge of robbery for a term of from one to fourteen years. He has served nearly seven and a half years on this sentence, having been paroled twice and violating his parole both times. He was returned to this institution on May 4, 1923, for the violation of his last parole and has been here ever since—a period of over three years' continuous imprisonment to date. During this time he has been in trouble for various violations and infractions of the prison rules. A few weeks ago he appeared at the office of the Mental Health Officer for an interview and at that time complained of not feeling well. His outward appearance showed every symptom of general paresis. As a result blood Wassermann and spinal fluid tests were made immediately. The blood test result was 4+ and the spinal test showed a paretic curve. Due to the very apparent physical condition of this man, steps were taken to have him hospitalized and proper treatment given him.

Under the routine now in force such a case could not occur. For the last two years, a blood test has been made on all new prisoners entering this institution and also on all parole violators immediately upon their being returned to prison.

The following table shows the mental classification of cases in which a final opinion has been offered in reports to the Parole Board. In this table are also included re-examinations and those special cases of acute mental disorder detected or under observation during the year. This is followed by a summary of all psychiatric examinations. The final section indicates the number of psychological examinations made.

ILLINOIS STATE PENITENTIARY, JOLIET.

A. DIAGNOSTIC CLASSIFICATION:

Psychopathic Personality—	
Egocentric Type	266
Inadequate Type	106
Emotionally Unstable Type	105
Sexual	18
Total	495
Drug Addiction	3
Total	3
Alcoholism	8
Total	8
Psychoses—	
Praecox	25
Situation Psychoses	21
Senile	7
Hypo-Manic State	3
Psychoses Undifferentiated	11
Paresis	5
Paranoid	4
Total	76

Psychoneuroses—		
Hysteria	3	
Neurasthenia	3	
Anxiety States	15	
Psychasthenia	1	
Total		22
Mental Deficiency	52	
Total		52
Organic Brain Disease—		
Organic Brain Disease (Not Luetic)	1	
Cerebo-Spinal Syphilis	6	
Epileptic	4	
Post Encephalitis	0	
Total		11
UNCLASSIFIED	12	
Total		12
NO DEMONSTRABLE ABNORMALITY	13	
Total	13	692
B. PSYCHIATRIC EXAMINATIONS:		
Examined on Admission	743	
New Admissions	542	
Recidivists	201	
Examined after eleven months	616	
Re-examined	76	
Total Examined	1,435	
C. PSYCHOLOGICAL EXAMINATIONS:		
Group (Alpha) Tests	760	
Individual (Stanford) Tests	96	
Individual Performance (Sequin)	0	
Individual Performance (Army)	28	
Total Examined	884	

B. ILLINOIS STATE WOMEN'S PRISON.

At the Women's Prison the work has been limited to the examination of prisoners going before the Parole Board at the conclusion of their minimum sentence, and to the care of several acute mental cases developing during the year. Sixteen women were examined for the Parole Board. They were classified as follows: egocentric psychopaths, 2; inadequate psychopaths, 1; emotionally unstable, 5; drug addict, 1; alcoholics, 2; dementia praecox, 1; hysteria, 1; mental deficiency, 2; organic brain disease (not luetic), 1.

During the year four women developed acute mental disorders. Two were praecox in character, one a senile condition growing out of chronic alcoholism and one a pure situation psychosis with paranoid substitutions. Because of the character of the sentences which three of these women are serving it has been impossible to remove them to a state hospital for treatment. The senile case has been paroled conditionally so that she may be committed to a state hospital.

Group psychological tests have proved impracticable at the Women's Prison. Individual tests are therefore given to each case soon after admission. During the year nineteen individual tests were given. One

scored high average; two, average; six, low average; and the remaining ten were shown to be defective in intelligence in varying degree.

Blood Wassermann tests are also given routinely to all women upon their admission.

C. ILLINOIS STATE REFORMATORY.

The work at the State Reformatory was carried on by the psychiatrist from the State Penitentiary at Joliet by monthly visits during most of the year. In May, Dr. David P. Philips returned to the state service and was assigned as psychiatrist at the Reformatory.

The work was confined to the examination of prisoners going before the Parole Board. A total of 647 cases was examined and reports offered to the Parole Board, as at the Penitentiary. The diagnostic distribution is given in the table which follows. There were twenty-nine re-examinations of prisoners who were behavior problems in the Institution.

Group psychological tests were given to 490 individuals soon after admission. Fifty-five individual tests were given during the year.

Three cases were selected for commitment to other institutions at the conclusion of their sentence. Two were sent to the Lincoln State School and Colony and one to the Anna State Hospital.

Now that Dr. Philips' services have been secured as Resident Psychiatrist, the routine and method employed at the State Penitentiary at Joliet will also be effective at the Reformatory. Prisoners will be examined upon admission, observed for at least a year and reports made to the Parole Board at the conclusion of their minimum sentence. In addition, special studies will be undertaken from time to time.

The table below gives the distribution of cases by diagnostic classifications; the number of psychiatric examinations; and the number of examinations made by the psychologist.

ILLINOIS STATE REFORMATORY, PONTIAC.

A. DIAGNOSTIC CLASSIFICATION:

Psychopathic Personality—		
Egocentric Type	233	
Inadequate Type	166	
Emotionally Unstable Type.....	55	
Sexual	9	
Total		463
Drug Addiction	1	
Total		1
Alcoholism	2	
Total		2
Psychoses—		
Praecox	10	
Situation Psychoses	2	
Senile	0	
Hypo-Manic State.....	1	
Psychoses Undifferentiated.....	0	
Paresis	0	
Paranoid	0	
Total		13

Psychoneuroses—		
Hysteria	4	
Neurasthenia	0	
Anxiety States	7	
Psychasthenia	0	
Total		11
Mental Deficiency.....	45	
Total		45
Organic Brain Disease—		
Organic Brain Disease (Not Luetic).....	1	
Cerebo-Spinal Syphilis.....	2	
Epileptic	7	
Post Encephalitis	1	
Total		11
UNCLASSIFIED	3	
Total		3
NO DEMONSTRABLE ABNORMALITY.....	6	
Total	6	555
B. PSYCHIATRIC EXAMINATIONS:		
Examined on Admission.....		80
New Admissions	75	
Recidivists	5	
Examined after eleven months.....		538
Re-examinations		29
Total Examined.....		647
C. PSYCHOLOGICAL EXAMINATIONS:		
Group (Alpha) Tests.....		490
Individual (Standford) Tests.....		55
Individual Performance (Sequin).....		0
Individual Performance (Army).....		0
Total Examined.....		545

D. SOUTHERN ILLINOIS PENITENTIARY.

At the Southern Illinois Penitentiary the work of the Division of the Criminologist has continued under the supervision of Dr. Paul L. Schroeder. Two changes have been made during the year. First, a new policy has been established in that all prisoners newly admitted, who have served a previous sentence in any prison, were to be examined upon admission and recommendation as to disposition made at that time. In the second place, new quarters have been provided the division in a section of the Industrial Building, fronting on the main sidewalk within the prison walls. This is an isolated space which has been so partitioned that two examining rooms, a dressing room and a waiting room are now available. Complete isolation from other prison activities has thereby been made possible. The examinations have been facilitated in that individual interviews by both psychologist and psychiatrist can be carried on without interruption simultaneously. Although equipment for these offices is not yet complete, arrangements are under way to have it available soon.

SOUTHERN ILLINOIS PENITENTIARY.

A. DIAGNOSTIC CLASSIFICATION:

Psychopathic Personality—		
Egocentric Type.....	198	
Inadequate Type.....	102	
Emotional Unstable Type.....	7	
Sexual.....	3	
Total.....		310
Drug Addiction.....	3	
Total.....		3
Alcoholism.....	10	
Total.....		10
Psychoses—		
Praecox.....	10	
Situation Psychoses.....	2	
Senile.....	5	
Hypo-Manic State.....	0	
Psychoses Undifferentiated.....	10	
Paresis.....	1	
Paranoid.....	0	
Total.....		28
Paresis.....	1	
Paranoid.....	0	
Total.....		28
Psychoneuroses.....	8	
Total.....		8
Mental Deficiency.....	53	
Total.....		53
Organic Brain Disease without Psychosis—		
Organic Brain Disease (Not Luetic).....	0	
Cerebo-Spinal Syphilis.....	2	
Epileptic.....	0	
Post Encephalitis.....	1	
Total.....		3
Unclassified.....	22	
Total.....		22
No Demonstrable Abnormality.....	16	
Total.....		16
		<u>453</u>

B. PSYCHIATRIC EXAMINATIONS:

Examined on Admission.....	46
New Admissions.....	0
Recidivists.....	46
Examined after eleven months.....	407
Re-examinations.....	21
Total Examined.....	<u>474</u>

E. CHESTER STATE HOSPITAL.

The psychiatric service at the Chester State Hospital has been conducted by Dr. Paul L. Schroeder. Examination of patients has continued under the arrangement of part-time service. Visits have been made at intervals of once in two months. It has been possible to examine patients soon after admission. Re-examinations have been made of active mental cases and certain old cases selected for special

reasons. This has completed the examinations of a large number, seventy-seven in all, who were referred for examination to determine the advisability of their removal from the State Hospital.

The increasingly crowded condition of the institution has made such a move desirable. Of this number there were found to be thirty-five, who might be expected to adjust satisfactorily in the usual State Hospital for the Insane. One was clearly a mental defective, whose adjustment in a school for the feeble-minded should be quite likely. Thirteen aliens were examined, for deportation by the Federal authorities. Three patients, citizens of other states, were referred for return to their native state. Two patients were found not insane. One patient, who had developed psychosis in prison had recovered and was recommended for return to prison. The remaining twenty-two were not believed to be sufficiently adaptable to warrant transfer to a state hospital.

Two important criteria were used as a basis of recommendation for transfer. These are, first, deterioration in the progressive psychoses; second, prolonged conduct in the institution free from outburst or episodic attacks. The first of these demands the diagnosis of the psychoses. Analysis of the diagnosis of the thirty-five patients, for whom transfer was believed feasible, shows that practically all but two belong to the deteriorating psychoses.

The fact that crimes of violence make up, for the most part, the criminal charges against these patients is significant. It shows that the nature of the crime charged against the insane does not enter into the question of adjustment within a state hospital. Another significant thing is that in no case of psychopathic personality was transfer found advisable.

CHESTER STATE HOSPITAL.

A. DIAGNOSTIC CLASSIFICATION:

Psychopathic Personality—		
Egocentric Type.....	2	
Inadequate Type.....	0	
Emotionally Unstable Type.....	0	
Sexual.....	1	
Total.....		3
Drug Addiction.....		0
Total.....		0
Alcoholism.....		2
Total.....		2
Psychoses—		
Praecox.....	55	
Paranoid Type.....	23	
Hebephrenic Type.....	21	
Catatonic Type.....	11	
Situation Psychoses.....	2	
Involutional Psychoses.....	1	
Senile.....	1	
Manic Depressive.....	5	
Manic Phase.....	4	
Depressed Phase.....	1	
Psychoses Undifferentiated.....	0	
Paresis.....	1	
Paranoid.....	3	
Total.....		68

Psychoneuroses	2	
Total		2
Mental Deficiency.....	7	
Total		7
Organic Brain Disease—		
Organic Brain Disease (Not Luetic).....	0	
Cerebo-Spinal Syphilis.....	0	
Epileptic	6	
Post Encephalitis	0	
Total		6
UNCLASSIFIED	1	
Total		1
NO DEMONSTRABLE ABNORMALITY.....	0	
Total	0	89
B. DISPOSITION OF SPECIAL CASES:		
Number for State Hospital.....	35	
Number for School for Feeble-minded.....	1	
Number for deportation to foreign country	13	
Number for deportation to home state.....	3	
Number for return to court (not insane).....	2	
Number for return to prison (recovered)	1	
Number to remain	22	
Total Number Examined.....	77	

F. STATE TRAINING SCHOOL FOR GIRLS, GENEVA.

In April, 1926, Mrs. Dora Keen Mohlman, a psychologist on the staff of the Institute for Juvenile Research, was assigned to regular work at the State Training School for Girls at Geneva. It is the aim of this worker to serve as closely as possible the needs of the school in its work with the girls.

After consultation with Mrs. Lucy D. Ball, Managing Officer, and other officials of the institution, it was decided to give, as the first step in the psychological work, a group intelligence examination for girls who had not received this test in the survey conducted in the summer of 1924. The same tests used in the survey of 1924 were given in the present study. The Otis Primary Scale was given to girls who were in academic grades one to three; the Haggerty Intelligence Examination, Delta Two, to girls in grades four through eight. Girls who had completed the eighth grade received Form 6 of the Army Alpha Intelligence Examination. Three hundred and forty-nine girls received intelligence examinations.

In addition an examination of school achievement was given to all girls attending the academic school in grades four through eight. The Stanford Achievement Advanced Scale was used. This contains tests in the following school subjects: reading: paragraph meaning, sentence meaning, word meaning; arithmetic: computation, and reasoning; nature study and science; history and literature; language usage; and dictation (spelling). The information afforded by these tests is to be accessible to the teachers and to be used in suiting the instruction to the needs of the individual pupil. The Stanford Achievement Examination was given to two hundred and eight girls.

These tests will be given in the future to each girl on her entry to Geneva. The results of these examinations with the social history and personality study will form a basis for placement in the academic school and in industrial work.

In addition to the group examinations a complete study has been made of eight cases which present difficulties in adjustment to the routine and training of the institution. This study included a psychological examination, a physical examination, and a social and psychiatric study. An individual psychological examination has been made of seventeen additional girls. The following is a summary of the findings and recommendations as they were made on one case in which the complete study has been made:

Examination of V—— B—— shows she is a well nourished, well developed girl of about 17 years. She is found to have average intelligence. Her general manner is that of a frank, outspoken person. She is cooperative but somewhat on the defensive as regards her delinquencies. She tells the story of her early life in such a way as to give the impression that she was free from undesirable influences. It was not until after her marriage, when incompatibility with her husband developed, that she indulged in sex relations with other men. Her attitude towards this behavior is that she was in the wrong and would not again return to such practices. Towards her husband she continues to feel animosity but refuses to go into detail regarding the cause of incompatibility. Her interests are of a masculine type, as was shown by her appearance at the time of the examination. She wore overalls and a painter's cap. Her clothing was stained with recent paint, as she had just come from a painting job. Although she admits that she likes to do outdoor painting, she insists that she can also do paintings in oil and water colors. Other interests are shown in her attachment for other girls in the institution. This, in one instance, was a colored girl, toward whom she has shown homo-sexual interests. She stoutly denies this in the face of evidence.

Her plans are to return to her home, find employment and live quietly with her family.

The behavior classification is that of an egocentric who failed to make a satisfactory sex adjustment with her husband, and later indulged in pronounced sex activities with others.

It is unlikely that this girl would be able to refrain from other sex indulgences upon her release from the institution. If the man to whom she is married is responsible, an effort should be made to work out their incompatibilities with the plan to have them re-united, unless divorce has already been arranged. If close supervision can be obtained for this girl in her community, trial on parole should be considered.

In the following table are given the results of the intelligence examinations at Geneva. This table contains ratings in terms of chronological ages and intelligence quotients. The intelligence quotient intervals 30, 40, etc., contain ratings of individuals with intelligence quotient 30 through 39, 40 through 49, etc. The chronological age intervals 9, 9½, etc., contain chronological ages 9 years through 9 years and 5 months; 9 years and 6 months through 9 years 11 months, etc.

GENEVA TRAINING SCHOOL FOR GIRLS, GENEVA, ILLINOIS.

INTELLIGENCE RATINGS, CHRONOLOGICAL AGE AND INTELLIGENCE QUOTIENTS.

Chronological age.	Intelligence quotient.											Total number of girls.
	10	20	30	40	50	60	70	80	90	100	110	
9½								1				1
10									1			1
10½												
11								2		1		3
11½												
12								2				2
12½						1	1	1	1			4
13					1		1	2	1		1	6
13½						1	1	5		2		9
14				1	1	2	1	2	5		1	13
14½						2	4	9	7	2	1	25
15			2	1	2	1	9	5	4	3		27
15½		1				4	5	10	9	6		35
16					1	6	10	9	6	3		35
16½		1			1	6	11	10	7	8		44
17	1			1		2	8	13	2	8		35
17½					4	5	9	7	3	3		31
18				1	4	2	12	12	4	5		40
18½						3	3	4	2	1		13
19						2	3	1	3	1		10
19½						1	2	1	3			7
20						1						1
20½					1	1		1				3
21					1							1
21½									1			1
22									1			1
Totals	1	2	2	4	16	40	80	97	60	43	4	349

Median Intelligence Quotient equals 83.04.

Median Chronological Age equals 16 years 7.7 months.

The median intelligence quotient of the 349 girls examined at Geneva is 83.04. Sixty-five or 18.6 per cent of this group have intelligence quotients below 70; 80 or 22.9 per cent have intelligence quotients of 70 through 79; 97 or 27.8 per cent have intelligence quotients of 80 through 89; 103 or 29.6 per cent have intelligence quotients of 90 through 109; and 2 or 1.1 per cent have intelligence quotients of 110 or higher. These results show a decided contrast with the distribution of the intelligence quotients of sample groups selected at random from the population. Sixty-nine and three-tenths per cent have lower than average intelligence as contrasted with approximately 25 per cent in the population. Eighteen and six-tenths per cent have intelligence ratings which classify them as definitely defective in intelligence, contrasted with one to three per cent of the population.

A comparison of the present ratings with the results of the intelligence tests given to 441 girls at the School in 1924 shows some change in intelligence distribution. The percentage of intelligence quotients falling below 90, or average intelligence, is practically the same: 69.3 per cent in 1926, 72.6 per cent in 1924. Also the percentage of borderline defectives is approximately the same: 22.9 per cent in 1926 and 23.4 in 1924. There is 18.6 per cent in the defective group, as compared with 27.2 per cent in 1924. The difference between these per-

centages is taken up by the group which is backward, and the one having average intelligence. Fifty-eight and five-tenths per cent have intelligence quotients above 80 as compared with 49.4 per cent of the 1924 group.

There has been some impression among persons in contact with the girls in the Geneva State Training School that they are a younger group than in former years. It is true that in the present group the lower limit of the chronological age distribution is 9 years, contrasted with 11 years in the 1924 group. However, the median chronological age is approximately the same, 16 years and 7.7 months as compared with 16 years and 6.1 months in 1924. There are 18.3 per cent of the present group below 15 years of age. In 1924, 20.9 per cent were below 15 years of age. The difference, 2.6 per cent, which is too small to be of much significance, is in favor of the 1924 group, as being younger.

Average, superior and very superior intelligence permits of success in vocations calling for a preponderance of mental work. The dull and backward, borderline and high grade defectives can be most successful in trades and in practical and manual work. Since two-thirds of the Geneva enrollment fall below average intelligence, emphasis should be placed upon trade and occupational training. Since many of the girls will be obliged to support themselves, a mastery of some trade or manual occupation will doubtless aid in securing an acceptable adjustment to society.

G. ST. CHARLES SCHOOL FOR BOYS.

During the spring of 1925 the Institute began, under the direction of Miss Clara Weimer, a program of regular continuous service to the State School for Boys at St. Charles. The first step in this program, as described in the last Annual Report, was the establishment of a system of *educational counsel*.

During the first two or three months of work at the School a study was made of a number of individuals who seemed to be misplaced in school grade. Due to the fact that records from former schools often could not be obtained, the boys had frequently been placed in the grades in which they claimed they belonged. Some boys had been placed in the grades where their mental age, obtained in a survey during the summer of 1924, indicated they should be able to do the work; frequently they were unable to do the work of that grade. Therefore, in our study the selection of cases was made on the basis of:

1. Apparent misplacement indicated by the mental age grade norm; that is, the individuals of this group had mental ages either higher or lower than required by the grades in which they were.
2. Misplacement recognized by the teacher because of the quality of the boy's work.

These cases, of which there were some 200, were given standard achievement tests to determine their accomplishments in school subjects. Using the combined criteria of the intelligence and achievement tests and any personality factors obtainable, individual recommendations were made for each of these boys. This study, in addition to advising

the adjustment of individual cases, also suggested plans for the succeeding year.

In September when school opened, the academic department was reorganized to include two subnormal classes, two opportunity classes, and a class in the regular cultural subjects of first year high school. These classes were added to the former grades (third through eighth and the commercial class). The suggestions for a slow progress class were not carried out. The two subnormal classes separate the large and small subnormal boys, which is highly desirable where there is so wide a range of chronological ages as is found in this school. The two opportunity classes were designated to assist boys of higher levels of intelligence in improving their educational level; that is, boys of adequate, or better, intelligence, when found deficient in one or more subjects, were given help in improving these subjects. The one opportunity class covers the work of the fourth, fifth, and six grades; the other class covers the work of the seventh and eighth grades, and especially prepares boys who should be in high school for graduation from eighth grade. Boys are permitted to choose between the commercial course and the first year high school class.

Beginning also in September, all new boys have been given both psychological and educational achievement tests. Individual educational recommendations have been made in each instance. These recommendations have given the School the following information:

1. The mental age and its grade norm indicate the grade in which the child's mental ability would ordinarily permit him to do satisfactory work.

2. The intelligence quotient which is our index of the mental ability of the child.

3. The educational age grade norm—the average of the several achievement tests—indicates the actual accomplishment in school subjects.

4. A brief description of the child's performance in each subject test gives the School a suggestion as to what subjects will require special attention and drill.

5. Finally, a tentative prognosis of school progress is made; that is, it is suggested that slow progress, normal progress, or little further progress may be expected.

Two educational recommendations made during the past year will serve as illustrations of how this work is practically carried out:

J—— Z—— was examined during the month of December. He was found to have a mental age of nine years and three months, which with his chronological age of sixteen years five months, yielded an intelligence quotient of .57. This boy's mentality would seem to permit him to do the work of the high third grade. Due to the fact that he has probably attended school for eight or more years, he has progressed farther than one would expect and is actually able to do the work of high fourth grade. However, since this boy is feeble-minded and sixteen years old it was advised that he could probably profit most by education in the class for individuals of subnormal intelligence.

Another boy examined during the month of November had an intelligence quotient of 1.01. His mental age was fourteen years and eleven

months and his chronological age was fourteen years and nine months. Our advice to the school was: "This boy's intelligence is adequate for high school work, but his actual achievement seems to be that of about sixth grade. It is recommended that his educational level be raised by assisting him in improving his work in all subjects and especially in arithmetic, science and spelling."

During the school year September, 1925, through June, 1926, group tests were made as follows:

Intelligence tests.....	550
Educational Achievement tests.....	572
Educational Recommendations made on basis of examination	581

This does not include requested recommendations which were repetitions of recommendations made during last year.

During the autumn of 1925 a beginning was made in the work of *vocational guidance*. At that time a study was made of each of the trade classes. Each shop was visited and observations were made during working hours. Notes were made as to the conditions in each shop, the type of instruction, the type of boy most likely to profit by the instruction there, and the like. It seemed essential that the psychologist be fairly well acquainted with the departments as they actually existed before recommendations for placement in them could be made. The three dozen departments in the School attempt to teach the boys as much of their trades as is possible in the, approximately, sixteen months which the boys are in the school. Each boy spends one-half day in school, the other half in a vocational class. In some shops it is possible to cover fairly well the rudiments of the trade; in others it is only possible to give the boy enough to acquaint him with the type of work and to make it possible for him to continue his apprenticeship on his return home. This, of course, is the purpose of the vocational training—to prepare the individuals for their return to life outside the School.

During the year 1925 the psychologist, representing the Institute, acted in an advisory capacity to the Classification Committee of the School. This Committee of three members, appointed by Colonel Whipp, has charge of placing boys in cottages and in industries. Since January 1926 the psychologist has been a member of the Committee. The other two members, Mr. H. Naylor and Mr. I. S. Dunn, are experienced in institutional work and are especially familiar with the School at St. Charles. In this way the personnel of the Committee combines practicality with theory.

On entering the School a boy is permitted to express three choices of trades in which he would like to receive training. After about a month, when he has been given the various educational and intelligence tests by the psychologist and when he has had an opportunity to become somewhat adjusted to institutional life, he is summoned for an interview with the Committee.

The hearing of each boy's case is informal. At least two members are fairly well acquainted with the boy's personality, his history and other pertinent facts. The boy's reasons for his choices and his plans

are discussed with him. From the results of the psychological and achievement tests it is possible for the psychologist to say that the boy probably will, or will not, be able to do the work of the vocation. As yet no satisfactory trade tests or established form of interview have been adopted by the psychologist. During the coming year the Institute hopes to organize its vocational counsel along more helpful, scientific lines.

In addition to the newly admitted boys, many cases of boys already placed in classes come before the Committee. These are cases of poor adjustment in the vocational classes, inability to do the work, or special cases. Also any boy making a legitimate request to see the Committee is permitted to do so; many come to discuss their difficulties or plans. Approximately six hours a week are spent in these Committee meetings.

Occasionally there are boys who present special behavior difficulties and requests are made by the Managing Officer for such information as we may be able to furnish. These cases are given individual intelligence tests and performance tests such as Healy picture, Completion II and Pintner Toops Directions tests. Other cases, in which the results of the group test are doubted, are given individual intelligence tests. There have been approximately seventy-five such individual tests made since last September.

The office of the Institute has taken over the keeping of all records in connection with the Committee work and the stenographic work. Colonel Whipp, in addition to furnishing attractive quarters, has supplied a full-time stenographer, Mrs. Mable Martin, for the Institute Branch.

H. INSPECTION OF PRIVATE INSTITUTIONS CARING FOR PATIENTS SUFFERING FROM MENTAL DISEASES.

During the year two institutions caring for patients suffering from mental disease were inspected. This was a special request coming in the absence of the State Alienist.

II. THE INSTITUTE FOR JUVENILE RESEARCH.

Introductory.

As heretofore, the preventive work of the Division of Criminology has been carried on during the past year at the Institute for Juvenile Research. The three main divisions of work have been continued,—actual service in the examination and treatment of individual children, the training of workers in this field, and the carrying on of as much scientific investigation as the pressure of routine work has permitted.

As a basis for the treatment of children, a study is made of:

1. The physical characteristics of the child
2. The mental characteristics of the child
3. The environment factors
4. The life history and career of the child

The staff of the Institute, therefore includes workers trained in medicine (particularly psychiatry), psychologists, social workers, statistical experts, and laboratory technicians. These various specialists work together as a *unit organization*, and every individual child is studied as a *whole*. He is treated as a total personality, rather than a mere aggregation of parts, and study of his present situation is never isolated from the wider perspective of his whole life-history and his past and present environment.

On the basis of such intensive study of the child as a whole it is possible to plan a reasonable course of treatment, having in mind definite objectives and with definite methods by which to attain them. This course of treatment which may have to be continued over a number of years is carried out under the direction of the Institute, and the results are checked up at intervals by re-examination.

Successful living lies in adjustment to environment. Sometimes this means adjustment of the individual, sometimes of the environment. Difficulties of adjustment are due to a great variety of causes. In many cases the causes are obvious physical difficulties. The child with defective vision or hearing, the child who is incurably lame, or the child with an organic weakness, such as heart disease, has a problem not only for the aurist, the oculist, the orthopedist, and the internist. For each of these there is also the problem of learning to live successfully and happily with this handicap.

After the physician and surgeon, who deal with bodily ailments, have done all that their science can do for the physical defect which is incurable there often remains for the individual the problem of accepting the handicap and rising above the difficulty. It is important that his life should not be thwarted by being restricted in work and play or distorted by being set apart from his fellows.

Such an adjustment is a personality problem, and the child may need help in meeting it. Therefore, the physician often refers his patient to his colleague the psychiatrist, who specializes in this branch of medicine and in this phase of treatment. That is the kind of help which the Institute for Juvenile Research tries to give.

Then there are the other children who fail to adjust—without objective study and intelligent help—because of more subtle difficulties. The nervous and emotional instability so frequently met with in this high pressure age in which we live is a constant source of trouble. Discrepancies between a child's mental capacity and what is demanded of him often lead to overwhelming failure and great unhappiness. These are illustrations of the great range of human problems which the Institute is called upon to solve.

During the past fifteen years the technique of diagnosis, although still far from adequate, has become better established. More accurate methods of diagnosis, however, must still be developed. Results of methods of treatment have not yet been sufficiently studied to make certain as to their effectiveness; so that the need for research in this field is very great. What we must work for is a treatment of behavior so scientific that results, instead of being accidental, will be subject to intention, prediction, and control.

From the point of view of the public at large and humanity as a whole, the behavior difficulties and social maladjustments which lead to unhappiness, dependency, and crime, constitute one of the most important problems of the world today. The only hope of a solution lies in scientific research and teaching in this field of human behavior, similar to that through which such great advances have been made in the field of physical medicine by the medical schools of the great universities and the independent research institutes and foundations.

A. PSYCHIATRIC SERVICE.

As noted in the above paragraphs, the distinctive element in the service work of the Institute for Juvenile Research is the *study of the total personality in the total situation*. After a child has had a physical examination, including bio-chemical tests, an intelligence test to determine the child's ability to adjust to an environment of his chronological age, and after a psychiatric social worker has taken from the parent or guardian a social history of the family and the child, the psychiatrist makes his examination, having before him all these previous findings. So all psychiatric examinations and treatment are an attempt *to bring together and integrate* all the various aspects of the life and personality of the individual under consideration as these aspects appear in the physical and psychological findings and personality traits in the light of the background of the patient's family, his social and educational environment, and his entire life history.

Two unit staffs—each unit consisting of a psychiatrist, a psychologist, a physician, a psychiatric social worker, a clerk and a stenographer—carry on this clinic work. At the end of the day the members of each staff hold a meeting, lasting about an hour, to discuss the cases examined by the members of that staff during the day and to merge minds towards arriving at a helpful solution of the behavior problems presented. These staff meetings are presided over by the psychiatrists.

Very often recommendations are made, asking for further examinations within the Institute—a recreational interview, an examination looking toward a better vocational or educational adjustment, treatment by the psychiatrist, or follow-up and after-care on the part of the psychiatric social service field worker to see what can be done with the home or school environment of the child. Re-examinations are frequent because some of these behavior problems are so difficult as to require prolonged study.

The experience gained so far in this work has supported the claims made for this method of unit organization both here and elsewhere, for such staff meetings tend to a coordination and integration of the findings. Each member of the staff contributes beyond the results of his own particular specialized examination.

In the extension of the Institute's work throughout the State this is, therefore, a point which must be kept in mind. Because of the necessity for work in this field and the scarcity of professional workers, great pressure is often brought to bear towards instituting an inadequate

program in smaller communities. Thus the Institute receives requests asking training for school nurses, who would then be held responsible by the department of education for very extensive service in connection with prevention of delinquency and the problem of school retardation and behavior problems of various sorts. Again, some localities have urged that a psychologist be compelled to perform all these duties. While it may be that in many instances where it is impossible to secure a complete service, such a single worker is better than none, there is a serious danger in this, in that any shortcoming in the service will be credited not to the inadequacy of the provisions, but to failures on the part of the individual worker, or still worse will be used to discredit mental science in this application.

In nearly every instance where the communities have urged such a tentative and partial solution of the problem, they have been well aware of the inadequacy of it, but have been impelled to adopt a solution because they felt something must be done, and half a loaf is better than none. It is a question, however, whether the minimum unit sketched above does not represent the lowest possible terms upon which work can be done, whether anything less than this will not be really worse than nothing. The experience of the Institute tends to suggest this latter possibility.

B. MEDICAL SERVICE.

Each patient admitted to the Institute receives a complete physical examination, as do all cases returning after one year for re-examination. Cases presenting physical conditions which require treatment and observation receive this at necessary intervals at the Institute or at one of the cooperating medical dispensaries of the city.

During the past year 1,378 cases have received complete physical examinations; 222 patients have received treatment for disorders in endocrine function, for epilepsy, anemia, undernutrition and cardiac disease.

Physical care and treatment is promoted by the very necessary aid received from the biochemical laboratory which functions in all branches. Wasserman tests, blood and urine examinations are routine procedures. The need of routine laboratory tests for the diagnosis of syphilis is quite obvious. During the past year 21 cases of syphilis have been diagnosed among our patients; two of these were acquired, the remainder congenital. Treatment has been established at venereal clinics for these patients and other infected members of the families.

The laboratory is also of aid to the physician in determining certain infectious diseases and glandular disorders which could not have been detected by the physical examination alone.

LABORATORY STATISTICS.

Wasserman tests.....	1275
Basal metabolic rates.....	160
Sugar tolerance tests.....	30
Blood counts	80
Urinalysis	115
Vaginal smears.....	30

Special Clinic on Endocrine Cases.

The Institute for many years now has been receiving cases in which there was evidence of a more or less pronounced disturbance of the glands of internal secretion. From time to time as opportunity offered, special attention was given to this particular problem. However, due to changes in clinic routine there has been a necessary decrease in the number of cases studied in the past year.

The work of the Institute is greatly handicapped by the lack of facilities for housing the children during study. This drawback, a very important one in such a study, will, it is hoped, be overcome in the coming year. Nevertheless this preliminary work is proving of value in planning future studies.

A second point which has to some extent influenced the Institute in developing this work slowly has been the wide publicity given to this topic by the lay press. Parents of children, having read the spectacular descriptions of glandular therapy and its results which have appeared in various magazines from time to time, expect a specific treatment which will relieve their children of all their difficulties from idiocy to immorality.

We have realized, therefore, that great caution and the utmost scientific accuracy were necessary. The Clinic at the Institute has been in charge of Dr. Sara G. Geiger and all cases referred for endocrine study were regarded as special research cases, to which were devoted not only the services of the endocrine clinic, but also special examinations and studies by members of the clinic representing the other services.

It did not require this work, of course, to convince the staff that the endocrine field offers a very important source of information regarding the difficulties of children. The work so far has not resulted in any new information. We have had some improvements in the treatment of cases, in relieving children not only of some physical disabilities, but also in regulating their behavior and improving their school work and social activities. Whether this was due, however, to the specific therapy to which they were subjected or to the endeavors along psychiatric, psychological, educational or social lines, cannot be determined at the present moment.

The following tables on these special cases are included in our annual report as a matter of record:

TABLE I—HYPO-THYROID.

Sex.	Age. Yrs. Mos.	Problem.	Basal metabolic rate.	Sugar tolerance test.	Treatment.	Result.
Female...	14 2	Restlessness; lying; poor home adjustment; overweight.....	-13	Low.....	Thyroid.....	Better adjustment. Works steadily. Physical improvement.
Female...	12 8	Violent temper; overweight; retarded.....	-12	Thyroid.....	Little change.
Female...	16 2	Little interest in school; overweight.....	-16	Low.....	Thyroid.....	Marked improvement. Metabolism increased.
Female...	16 2	Stubborn; retarded.....	-12	High.....	Thyroid.....	Works steadily.
Female...	9 0	Euresis; sluggish; overweight.....	-11	Thyroid.....	Marked improvement.
Female...	15 6	Truancy; stealing; overweight; retarded.....	-2	High.....	Thyroid.....	Little change.
Male.....	12 5	Poor concentration; sluggish; untruthful.....	-25	Normal.....	Thyroid. Dietary advice.....	Less sluggish. Marked physical improvement.

TABLE II—HYPO-PITUITARY.

Sex.	Age, Yrs. Mos.	Problem.	Basal metabolic rate.	Sugar tolerance test.	Treatment.	Result.
Male.....	13 11	Poor school adjustment; retarded; overweight.	-14	-----	Thyroid.....	No improvement. Poor co-operation.
Female....	11 5	Enuresis; restless; retarded; overweight.	-10	Low.....	Post. pituitary by hypo.	Less restless. More initiative.
Male.....	13 2	Overweight; retarded; sensitive.	-3	Low.....	Whole pituitary by mouth. Post. pituitary by hypo. Thyroid.	Better adjustment. No demonstrable physical improvement.
Female....	11 9	Enuresis; lazy; little interest in home.	-10	-----	Whole pituitary by mouth. Thyroid.....	Habits improved. More interest in home.
Male.....	11 0	Poor concentration; truancy; overweight.	-3	High.....	Whole pituitary by mouth. Post. pituitary by hypo. Thyroid.....	Better concentration. No physical improvement.
Male.....	13 0	Overweight; no behavior problem.	-13	Low.....	Whole pituitary by mouth.	No demonstrable physical change.
Female....	10 7	Rapid development; overweight; no behavior problem.	-11	High.....	Post. pituitary by hypo. Dietary advice.	Normal curve of gain established.
Female....	17 0	Overweight; poor home adjustment.	-5	Low.....	Whole pituitary by mouth. Thyroid.....	Better home adjustment. Improved physical condition.
Female....	9 0	Overweight; shy; temper tantrums.	-13	Normal.....	Post. pituitary by hypo. Whole pituitary by mouth. Thyroid. Dietary advice.	No physical change. Less shy. Fewer temper tantrums. Normal gain curve established.

TABLE III—UNCLASSIFIED.

Sex.	Age. Yrs. Mos.	Problem.	Basal metabolic rate.	Sugar tolerance test.	Treatment.	Result.
Male.....	19	0 Sluggish; retarded.....	-8	High.....	Thyroid.....	Less sluggish; more ambition.
Male.....	15	0 Poor mixer; poor concentration.....	-10	High.....	Whole pituitary by mouth. Special diet.....	Better adjustment to group.
Female....	7	8 Chronic eczema; poor mixer; overweight.....	-8	Thyroid. Local treatment for eczema.....	Marked social and physical improvement.
Male.....	17	2 Retarded; overweight; underdeveloped phy- sically.....	+1	Normal.....	Thyroid.....	Improved physically.
Male.....	21	3 Lazy; untruthful. Sella markedly limited by clinoid processes.....	+23	High threshold.....	Whole pituitary by mouth. Post pituitary by hypo.....	No improvement.
6322.....	15	10 Steals; resentful of authority; violent head- aches.....	-5	Low.....	Whole pituitary by mouth.....	Improved behavior. Physical improve- ment.

C. PSYCHOLOGICAL SERVICE.

Introductory.

The psychological work at the Institute divides itself naturally into several sections, depending largely on the psychological methods used, and the slightly different objectives. Probably the best established psychological service is that of the routine psychological tests. This service includes the Stanford-Binet tests for ascertaining the mental age of the patient, and such additional performance tests as may be indicated in each particular case.

The personality problems handled at the Institute also call for vocational counseling and educational counseling of a special kind. Advice given in regard to education and choice of vocation must naturally take into consideration the personality problems for which the patient reports to the Institute. The vocational guidance is based on a rather comprehensive survey of aptitudes and interests including mechanical ability, clerical ability, and even in some cases, musical ability, for which fairly good psychological tests are available. In addition to these formal test methods, the guidance takes into consideration the vocational interests and especially the social, family and school history of the child. The vocational guidance problem is also of considerable importance in the penal institutions, although the guidance must there take a different form. The vocational aptitude tests require a minimum of about three hours and sometimes considerably more for each patient.

Educational counseling finds its most useful application in problems of school adjustment. The typical situation here is a personality problem, which is thought to be partly or primarily responsible for school failure; but often remedial measures can be given for special disabilities which handicap the child in particular school subjects, most frequently perhaps in reading disabilities. This is a rather new line of psychological service, but the demands for it are urgent.

One of the available services performed by the Institute is in the training specialists in clinical psychology. This can be handled most successfully by giving the opportunity for practical experience in clinical work of properly trained persons who desire to become specialists. Junior examiners are in this way given the opportunity to work under the supervision of more experienced psychologists. Another type of training service is that given to professional men and women who frequently come to the Institute to remain for several weeks or months for the privilege of studying the ways in which personality problems are handled by the Institute staff. This latter type of training is entirely informal and is arranged to suit the individual requirements of professional visitors insofar as it can be done without interfering with the service of the Institute.

The appointment of Dr. Andrew W. Brown from Columbia University to the position as Chief Service Psychologist is expected to make the psychological unit even more effective than it has been in the past. Further improvements will be made in psychological technique by constantly checking the validity of the psychological methods.

The most important development for the psychology unit during the past year is the organization of the Institute research staff by means of which it will be possible for the service staff to get adequate assistance in investigating scientifically the different methods of handling Institute cases. With the organization of an adequate research staff to supplement the service staff, the Institute should have the opportunity to take a leading role in the scientific development of methods for handling juvenile delinquency.

1. Psychological Service in the Institute.

The psychological staff continued its program of a routine examination of all cases brought to the Institute and the selection of special cases for more intensive study.

The routine psychological examination consists of a complete Stanford-Binet and several performance tests, depending upon the problems presented; tests of memory, language ability, association, etc., are also given.

At the recommendation of the staff conference or at the request of the agency referring the case, children are selected for intensive study. Children in need of vocational guidance are referred to the psychologist in charge of vocational counseling. A number of special tests are given and recommendations are made on the basis of the findings.

All cases of educational maladjustment are referred to the psychologist in charge of educational counseling. Various educational achievement tests are applied; the child's school record is investigated, his special abilities and disabilities are considered and the findings are reported in staff conferences. A complete report of the work of the vocational and educational counsellors is given elsewhere.

The training of students in the giving of tests and clinical procedure has been continued and developed. A number of students from the University of Chicago, Northwestern University, University of Illinois and other institutions have been given such training.

During the year a number of classes from these universities visited the Institute. Demonstration clinics were held, at which cases were presented and the work of the department was described.

2. Extension Clinics and Surveys.

During the year the Institute for Juvenile Research has conducted a number of clinics and surveys and has given assistance to various organizations in the State.

In Chicago assistance has been given to the Scholarship Association for Jewish children where a number of children have been given complete vocational interviews. Thirty-five children were examined for the Vocational Supervision League; group intelligence tests, musical tests, and clerical tests were given. In awarding scholarships these organizations are being guided largely by the Institute findings. The graduating class of the Mark Nathan Jewish Orphan Home, consisting of eighteen children, was also given group intelligence tests, a test for

musical ability, and a clerical test. The findings of these tests were used in planning the future work of these graduates.

At the request of the Illinois Society for Mental Hygiene, fifteen children were examined at the Lake View High School. The Stanford-Binet examination and the Stenquist Assembly test were given. These children were part of a group on which the Society is carrying out a two-year experiment.

The work at the Cook County Psychopathic Hospital continued. A psychologist from the Institute examined cases one afternoon every week. During the year 119 cases were examined.

At the request of the Illinois Pediatric Society a psychologist from the Institute spends one afternoon a week examining cases for the Society. This service is just being developed.

The Institute continued its work in the LaSalle-Peru Township High School. Group tests were given to entering freshmen and a number of individual cases were also examined.

The Institute also conducted several surveys during the year.

The Jewish Research Bureau Survey which was started last year was completed early this year. The following tests were given:

	No. of Cases.
Otis Primary Examinations.....	181
Haggerty Intelligence Examinations.....	338
Army Alpha Examinations.....	122
Stanford-Binet Examinations	52
Total Examinations Given.....	693

At the request of Dean Sophonisba Breckenridge of the University of Chicago, a survey was made of all children at the Chicago Orphan Asylum. The following group and individual examinations were given:

	No. of Cases.
Army Alpha Examinations.....	6
Haggerty Intelligence Examinations.....	32
Otis Primary Examinations.....	32
Kuhlman and Stanford-Binet.....	28
Individual Examinations	52
Total Examinations Given.....	150

Surveys were also made at the Glenwood Manual Training School, at the State School for Boys, St. Charles, and the State School for Girls, Geneva.

The work of the various State penal, and correctional institutions has been continued and enlarged. A psychologist from the Institute examined all entering cases and the cases which appear before the Parole Board at the Illinois State Penitentiary, the Woman's Prison, the Southern Illinois Penitentiary and the State Reformatory.

An increasing demand for assistance comes from the various counties who hold Better Baby conferences in connection with the County Fairs.

Psychologists from the Institute examined babies in the following places noted in the table below:

Name of Town.	Number of Babies Examined.
Aledo	190
Aurora	500
Benton	150
Carthage	201
Chicago	469
Clinton	186
Carlinville	170
Danville	449
Decatur	170
Du Quoin.....	180
Harrisburg	105
Henry	115
Kankakee	250
Kewanee	150
Litchfield	140
Macomb	135
Mt. Carmel.....	165
Mendota	106
Springfield	1700
Taylorville	60
Paxton	136
Total	5727

3. Vocational Counsel.

The work in Vocational Counselling has continued under the direction of Mrs. Myrtle Raymaker Worthington. The same battery of tests and interviewing outlines were used with one exception in the Seashore Musical Tests. The test for sense of rhythm was substituted for the test for sense of time. In a recent study by Dr. Leta Stetter Hollingworth it was found that of the five first Seashore Musical Tests, only the sense of time seemed to have any relation to intelligence. It is found with our cases that the rhythm record is more easily understood than the time record. The tests for mechanical and clerical abilities are still continued. The latter tests are very unsatisfactory but up to date nothing has been developed for prognosis in commercial training.

During the year 220 cases were given vocational interviews. More were requested, and in some cases appointments were made, but the interviews were not given because it was thought that they could not contribute much to the particular cases. For example, a boy of sixteen years in the sixth grade was referred for vocational guidance. The intelligence test determined that he was mentally defective and would probably not profit by further training, either academic or trade, and that his industrial level would probably be that of unskilled labor or simple industrial work.

The cases ranged from thirteen years to twenty-two years of age, and over, in a few cases. Three adults were seen and if they are omitted the group ranged from thirteen to eighteen years of age. The same range of intelligence was found as previously, i. e., we are interviewing a group of children who are, for the most part of average intelligence. Recommendations for education and special training were also approximately of the same type. The majority of our children were graduating

from the eighth grade or were in the first year of high school and the recommendations were, therefore, for the most part for high school training. Specific advice as to the type of training and amount to be given was made in all cases.

With the exception of the children at Glenwood Manual Training School, the cases given vocational counsel were all given the complete clinical examination also.

The following cases illustrate the type of problems seen and the type of recommendations made:

L—— S—— was first referred to the Institute on October 10, 1921, when he was fifteen years and six months old. He was referred because he was suspected to be subnormal. He was in the second year of high school and having difficulty. Physical findings showed enlarged tonsils and some under-nourishment. The physical examination was otherwise negative. The Stanford-Binet gave a mental age of thirteen years, with an intelligence quotient of .84. The Army Alpha gave a score of .93, with a rating of C plus. The mental age probably accounts for the failure in second year high school work. The boy was studious and ambitious, and had begun to show a very sensitive reaction to the failure in his work. This took the form of feelings of inferiority and isolation from the group. Because of lack of tests, no specific recommendation for vocation was made, but it was recommended that, because of his mental health, it would be well to remove him from school at the end of the year and follow him up to see how he succeeded in some job, which should not be a blind.

On May 29, 1925, the boy was referred back because he was applying for a scholarship to go to college. He had quit school and gone to work as a clerk in a mail-order house. He attended night school and completed the two years required for graduation, then he went to a junior college for a year and a half. He failed to make any credit during the first year but made two the first semester of the second year. He was applying for a scholarship to complete medical training. Another Stanford-Binet was given, which rated him with a mental age of fourteen years, three months, and an intelligence quotient of .89. He rated as a defective in musical ability; just below average in clerical ability; just below average in mechanical ability; backward in alertness and rote memory, superior in attention, and defective in perception.

The psychologist saw him on two occasions; discussed the test findings, and attempted to encourage him to some clerical work. The boy was sullen and somewhat antagonistic, finally saying that he had always been told that if he only worked hard enough he could accomplish anything he wanted to. The psychiatrist was unable to accomplish very much, and the decision of the staff was that his adjustment as an assistant pharmacist was better from a mental health point of view, than any further clerical work. (His present position was that of stock clerk in a wholesale department store.) L. felt that if he couldn't be a doctor, a pharmacist was the desirable thing.

He is one of the tragedies of our optimistic tenor of the invincibility of each individual to accomplish what he sets out to.

Here is another case:

R—— N—— was referred by a boys' school because the boy ran away in June, 1925. There are no real delinquencies in the school, but the boy is considered somewhat of a trouble-maker, causing petty quarrels among the other boys. He impresses the boys as being egocentric and domineering. He does not make friends easily. He is nicknamed "loud mouth" and "outin". He is fifteen years, three months, of age. The Stanford-Binet rated him with a mental age of eighteen

years and six months, and an intelligence quotient of 1.21, a rating of very superior intelligence. He was in the beginning of the second year commercial work, the only high school course offered at this school consisting of shorthand, typewriting, spelling and writing. He stated as his ambitions, to finish a regular high school, to study music, become a soloist and member of an orchestra. His recreation is largely confided to music and reading.

The physical examination showed him to be in good condition. During the psychiatric interview he was repressed, fearful of making an incorrect statement and hesitated before responding. His answers were very well chosen. In the manual training drill he had been made an officer, and was placed in a cottage as captain. At the cottage no definite order was given and the acting captain continued in his capacity.

This disappointment was rather acute. He is distressed at the nicknames given him by the boys. In the vocational interview R. was found to have very superior ability in music and mechanical skill, but was below average in his clerical ability. He rated as superior in alertness, attention, rote memory, but was only average in perception.

His removal from the school was recommended, because of his failure to adjust and because of his superior intelligence, which could not be well utilized in the training offered. The inadequacy developing because of his failure to adjust at the school needed mental health treatment. The case was referred to the social service department and the boy's father consented to his removal and the places for placement. The boy's parents are separated and the boy lives with his father in the north part of the town. His mother lives west and the school he attends is west. He has breakfast with his mother and studies at her house after school. The disagreement of the parents over R. still continues and goes on in his presence. That situation has not been cleared up yet. The boy is attending a boys technical high school, taking a four year course with the idea of entering an engineering school and becoming an electrical engineer. He is a member of the R. O. T. C., where he is an officer and helps to instruct the boys. He is doing very well in school; adjusting well at home; is overcoming his inadequacy and is happy and enthusiastic about his work.

The following is the number of cases to whom vocational interviews were given:

Agency Referring Case.	Number Referred.
Scholarship Association for Jewish Children...	76
Glenwood Manual Training School for Boys*..	45
Social Service, I. J. R.....	25
Jewish Social Service Bureau.....	21
Juvenile Court.....	13
Jewish Home Finding Society.....	10
I. J. R. Clinic Staff Meetings.....	9
Vocational Supervision League.....	6
Chicago Home for Girls.....	3
United Charities.....	3
High School Counsellors.....	2
Board of Education.....	1
Parents, Physicians, etc.....	6
Total	220

4. Educational Counsel.

In most of the cases referred to the Institute for Juvenile Research for study, the intelligence quotient is accepted to some extent as

* These cases were seen at Glenwood, and did not have the routine examination of the Institute for Juvenile Research.

the explanations of failure or success in school and the mental age as a rough criterion of grade placement. It has been the function of educational counselling in the Clinic of the Institute for Juvenile Research, to supplement by a quantitative measure of school performance the information afforded by the clinic examination, in order to aid in making recommendations for the social adjustment of the child.

The tests used in the educational interview are available to the public school and widely used in many school systems. They are valuable herein that their results are interpreted in the light of psychological, physical, social and psychiatric findings.

An educational interview is given only on request of the Clinic Staff. The following represents types of problems in which it is requested:

- a. When the school performance or grade placement shows a rather wide variation from the criteria afforded by the intelligence quotient and mental age level.

- b. Where the social adjustment to the school situation has been so inadequate that a change in school is deemed advisable, and recommendations as to the grade in which the child should be placed in the new school are desired.

- c. Where it is necessary to determine an individual's qualifications to profit from high school instruction.

An educational interview consists of an intelligence examination, which is a part of the routine clinic examination; examination in each of the school subjects; tests of special ability; and a comprehensive history of school progress which includes information as to grades repeated and skipped, transfers from one school to another, studies in which the pupil does his best and poorest work, special training which he has received, special abilities which he has shown, behavior towards teachers and other pupils, and types of misconduct. In addition the pupil's reaction to all phases of his school relationship is secured through an interview with him.

During the year 1925-1926 thirty-nine educational interviews were given. The average time devoted to each case is two hours and forty-five minutes. It is not necessary that the entire interview be given at one sitting.

Below is given the summary of one case which received an educational study: It is presented in order to illustrate certain maladjustments in the social as well as the school situation apparently growing out of special deficiency in a major school subject. In this case there were present school retardation, lack of interest and effort in school achievement, and attempts at self-assertion by display of extreme stubbornness both at home and school.

The method of analysis and treatment used are not intended to serve as models. They represent an adaptation of available resources which it was felt could be used and apparently have secured some measure of success.

Phillip's sister, who accompanied him to the clinic when he came for examination, was much disturbed by a recent demotion in school, reports of restlessness, lack of concentration and insubordination in school, and

by his stubbornness at home. He had entered a public school at the age of five. After one year he was transferred to a parochial school where he had remained for two years. After some interference on the part of the father with the disciplinary measures of the Mother Superior the boy was again placed in a public school. At the time of the transfer he was in the third grade. He was placed in the second grade in the new school and shortly afterwards demoted to Grade 1A.

The family attempted to use methods of coaxing in securing obedience from Phillip. They were not able to prevent defiance on his part, however. The sister made an effort to assist him in preparing his school assignments. She reported that he always seemed anxious for the study period to come to an end, paid little attention and when asked to repeat a lesson a short time after the study period was over had forgotten all about it.

At the time of the examination he was eight years and seven months of age. He received a mental age on the Stanford-Binet Intelligence examination of 9-0 with an intelligence quotient of 1.05 which classes him as high average in intelligence. On the basis of the average mental age for this grade his mental ability qualifies him for the work of grade 3B level. This examination also disclosed the fact that Phillips was practically unable to read.

The physical examination found him to be seven and one-half pounds overweight. He had clean, submerged but moderately enlarged tonsils. He showed a slight cardiac irregularity and it was recommended that he be taken to the family physician at frequent intervals for further examination of this condition. It was also noted that there had been no vaccination and it was suggested that this be carried out.

During the psychiatric interview, Phillip was restless, but showed very good attention and seemed to be trying to impress the psychiatrist. He stated that he was in 1A grade in school and that he liked it. He gave as his reasons for being in the first grade that he began school when he was five years of age and was too young to pass and that he went to a school "which was years behind in its studies."

He likes to play, especially football and thinks other boys like him. This is confirmed by his sister. She states that groups of boys frequently stop by the house and call for him to come and play. His playmates are both younger and older boys. He is nicknamed "Bud."

In order to secure evidence concerning level of school achievement in various school subjects and to discern specific weaknesses and strength in each subject Phillip was referred to further study. The following achievement tests were given: Stanford-Achievement, Primary Examination; Luncford Diagnostic Test in Addition Combinations; Cleveland Arithmetic Tests; Haggerty Reading, Examination Sigma 1; Pressey First Grade Attainment Scale in Reading; Ayres spelling scale. In addition a test for attention, "The Franz Dot Tapping," and a test of rate of learning, "The Woodworth-Wells Substitution," were given.

Phillip's performance in reading was so poor that the Arithmetic reasoning test of the Stanford Achievement examination was not given as inability to read would prevent a performance indicative of true achievement. Arithmetic computation as measured by this examination was equivalent to the standard for beginning 3B grade. Performance on the other Arithmetic tests could not be expressed in terms of grade standards. An analysis of his performance showed that he made no attempts on the division examples, that he was unable to carry in addition, subtraction or multiplication and that his knowledge of multiplication combinations was incomplete.

In spelling on both the Ayres Scale and the Stanford Achievement Examination his performance is equivalent to the norm for the middle of the second grade.

Oral reading as measured by Set I of the Gray's Oral Check Tests equaled in accuracy the norm for the second grade while the rate fell below the standard for the first grade.

In silent reading, vocabulary, as measured by the Haggerty and Pressey tests, comprehension of sentences, word and phrase recognition, Phillip's performance approximated the average score made by pupils who are completing the first grade. His performance on the reading tests of the Stanford Achievement examination fell below the limit measured by the Scale.

Phillip rates as low average attention. The Woodworth-Wells Substitution Test for which norms were obtained by Pintner-Patterson gave him a mental age of 7-0. His performance on the Stanford-Binet Intelligence examination, on the various achievement examinations, and on this test indicate that he reacts slowly to situations such as are sampled by these tests and suggests that he may react to recitation situations in the classroom in a similar manner.

It was recommended that he receive special help in overcoming his deficiency in reading. He would need training in phonics, in word recognition and instruction designed to improve rate and comprehension of silent reading. His interest in school should be stimulated and it was suggested that this might be accomplished by allowing him to study and recite arithmetic with a higher grade and that he be allowed to progress as rapidly as he is capable in this subject. It was also suggested that since his reactions to the class-room procedure might be slower than those of most children that he be permitted a longer time in which to respond to questions or directions.

It is impossible to expect a teacher of thirty or forty pupils to give individual remedial training. Phillip's sister, who had had more than a high school education and had acquired some insight into children's difficulties through her work at the Juvenile Court, was willing to undertake the special instruction in reading. Certain suggestions as to methods of carrying out this training were given her. These suggestions were obtained from reports of various attempts at remedial training in reading. They were chosen because they have been shown to have value in increasing reading efficiency among various pupils.

After three months during which no report had been received of Phillip's progress the sister was again interviewed. She had been devoting about one-half hour per day four days a week to Phillip's instruction in reading. She reported that he seemed more interested in his school work, that he enjoyed his home reading lessons, and appeared to "feel slighted" on the evenings when they were not given. His manifestations of stubbornness at home were very rare and had practically disappeared. Perhaps however this could be accounted for by the fact that the family were making a greater effort to be tactful in dealing with the boy and were becoming more skilled in preventing occasions from arising which would provoke stubbornness.

He was promoted in February to grade 2B. For approximately two months he was permitted to study and recite 2A arithmetic but the teacher found this arrangement too inconvenient and at present he is doing straight 2B work. She reports him as doing excellent work in arithmetic; good work in spelling, English, and writing. His work in reading is only fair but he is showing a "decided growth in this subject." He has shown no behavior difficulties in school and is well liked by his teacher.

The following ends have apparently been achieved in the adjustment of this boy:

- a. A certain increase in reading efficiency has been made. This is evidenced by the teacher's statement that he is showing decided growth in this subject.

b. Interest and effort in school have been stimulated. This is evidenced by the change in attitude, satisfactory school performance grade 2B, and by absence of misbehavior in school.

c. The family's sympathy for and understanding of the boy has increased. They have become more tactful in their contacts with him. He responds by fewer and fewer displays of stubbornness.

In going over the section of this paper devoted to the study of Phillip's reading deficiency it has probably been noted that no attempt at diagnosis of the causes underlying poor performance in reading has been made. In earlier studies of poor reading ability such causes of failure as the following have frequently been given: (a) narrow span of recognition; (b) lack of interest in and desire to read; (c) irregular eye movements resulting in failure to progress regularly from one line to another without forward and backward movements, etc.

These defects as well as others are outstanding features of deficiency in reading. It is probable that they should be classed as symptoms rather than causes. For it is possible to ask: what are the factors in the interaction of the mental and physical equipment of the individual with his environment and training which have produced the irregular fixations, the narrow span of recognition as well as the other aspects of poor reading ability? Investigators are unable to do more than hazard a guess as to what some of these causes may be. Much research is needed before we are able to say with certainty that such and such factors have a causal relationship to failure to learn to read.

Educational Counselling has a distinct place in a Clinic for the study and treatment of behavior problems in children. Its scope is limited, however. The curriculum and the school organization are largely outside its field. They are fixed quantities with limited facilities for individual training to which recommendations must be adapted. Educational Counselling may function as in the Institute for Juvenile Research in securing a quantitative measure of school performance to aid in recommendations for adjustment.

The second and most fundamental need which it may serve has scarcely been apprehended as yet. Inability to learn in one or more school subjects, where the intelligence level ordinarily permits a proficiency in these subjects, has a definite causal relationship to behavior difficulties in many cases of this type. True educational counselling should be able to diagnose specific causes of inability to learn in spelling, in reading, in arithmetic, and other subjects and to recommend methods for remedial training which apply to these causes.

At present the technique exists for diagnosing weaknesses in particular phases of various school subjects. There has been no technique devised for discovering causes of these weaknesses and little more than guesses as to what these causes may be. The remedial measure being used have been chosen on empirical grounds because of success in certain cases and with certain groups.

5. Educational Counsel at Glenwood Manual Training School.

Educational Counselling at the Glenwood Manual Training School has consisted of two types of service. In the first place, an individual school recommendation based on a group intelligence examination and tests of achievement in the major school subjects has been made for every pupil in the academic school. In the second place, advice has been given as to methods for adapting instruction to individual needs and capacities.

The following tests were used as a measure of intelligence: with pupils below academic grade four, Otis Primary Intelligence Scale; and with pupils of grades four through eight, Haggerty Intelligence Examination Delta 2. The Army Alpha Intelligence Scale, Form 6, was given to boys who had completed the eighth grade and who were attending the commercial classes which make up the high school instruction offered by the school.

The Stanford Achievement Scale, Primary and Advanced forms, were used to secure a measure of school performance in the various school subjects. The advanced Stanford Achievement Scale, given in grades four through eighth, contains tests in reading, paragraph meaning, sentence meaning, and word meaning; arithmetic, computation and reasoning; nature study and science; history and literature; language usage; and dictation (spelling). The primary examination contains only the tests in reading, arithmetic, and dictation. The results of these tests are expressed in terms of average performance for half grades 2-B, 2-A, etc.

During July, 1925, intelligence and achievement examinations were given to the entire enrollment. Since that time additional boys enrolled have received these tests on their entry. Four hundred and eighteen boys have received the intelligence examination and three hundred and seventy-five boys the tests of school achievement during the past year.

In making the individual school recommendation a number of points on which information is afforded by the results of the tests were taken into consideration in each case. The recommendations apply to these points. They are as follows:

- a. Probable limit of academic instruction.
- b. Type of instruction—whether it should be suited to sub-normal intelligence or whether it should be given at a rather slow rate with more drill and with more individual assistance than in case of pupils of average mental ability.
- c. Need for remedial instruction to overcome difficulties in particular school subjects.
- d. Need to raise the general level of school achievement through stimulation of effort and remedial instruction in the case of pupils whose mental ability warrants a higher quality of school performance.
- e. Extra promotion with an enriched curriculum immediately, or after a certain amount of remedial instruction.
- f. Promotion to commercial class.

g. Need for academic high school instruction for individuals of average intelligence who are not interested in learning commercial subjects, and for individuals of superior intelligence who can so greatly profit from increased educational opportunities.

h. Suitability of training offered in the present school placement and likelihood of success therein.

i. In a few cases of older boys with low intelligence who apparently have reached the limit of their ability to receive academic training, removal from academic school was suggested.

The following is a report of the findings and recommendations in case of one of the pupils where a change in school placement was made. A statement from teachers of his progress at the end of the first month after the change was made, and at the end of the school term three months later, is also given.

D—— C—— had a chronological age of fourteen years, three months; mental age of fourteen years, six months and an intelligence quotient of 1.04. He was at that time in 7A grade at school. He was chosen for study because his mental age was more than a year in advance of his school standing. His mental age is equivalent to beginning 9B work. His general achievement level is equal to 7A grade, with a range in grade levels of from 6A to 10B in different school subjects. His poorest performance was in arithmetic reasoning with 6A standing, arithmetic computation with 7B standing, language usage with 7B standing and spelling with 7B standing.

The following recommendation was made:

An attempt should be made to raise the level of school achievement. If promotion will stimulate effort and interest, it might be tried, provided special help and tutoring could be given when difficulties are met. Arithmetic, spelling and grammar should receive emphasis in training.

As was suggested, an extra promotion was given. One month later the teacher made the following statements concerning his progress in grade 8B:

"D—— C—— is a good pupil, and can do the work in English, but lacks application. In arithmetic he is fair, in history and geography he is doing very well."

Three months later at the end of the term, the teachers made the following statement regarding his progress—"He has done very satisfactory work, especially during the past month—he was promoted to 8A."

In order to discover the distribution of intelligence which instruction of the Glenwood School should be organized to serve an analysis of the results of the intelligence tests given in July, 1925, was made. The results of this analysis is expressed in the table at the end of this section in terms of median chronological age, median intelligence quotient, together with the percentage of the total enrollment falling into the several intelligence classifications. The median intelligence quotient for the school was 96.0. Six and seven-tenths percent of the school population had an intelligence quotient below 70; 16.4 per cent had an intelligence quotient of 70-79; 14.2 per cent had an intelligence quotient of .80-.89; 41.4 per cent had an intelligence quotient of .90-1.09; 12.3 per cent had an intelligence quotient of 1.10-1.19; and 9.0 per cent had an intelligence quotient of 1.20 or higher.

In sample groups selected at random from the population, 20 to 25 per cent have intelligence quotients above 1.10; 50 to 60 per cent

have intelligence quotients of 90-1.09; and about 20 per cent have intelligence quotients of .70-89; while 1 to 3 per cent are defectives.

Thus the Glenwood enrollment shows approximately the same percentage of individuals with superior and very superior intelligence; a smaller percentage with average intelligence; a greater percentage with dull and backward and borderline intelligence; and a greater percentage with defective intelligence than in sample population groups.

In order to ascertain whether certain changes in policies of admission and dismissal had produced a change in the intelligence distribution, a similar analysis was made in the case of 100, September, 1925-June, 1926, entries who were in school in June, 1926, and in the case of the total enrollment in June, 1926. These results are also shown in the table at the end of this section.

There is an increase in percentage of boys of defective and very superior intelligence among the entries. This evidently has just been offset by dismissal of boys of this type as the June, 1926, distribution is practically identical with the July, 1925, distribution.

The fact that the Glenwood group contains a considerable number of individuals at each of the various intelligence levels makes it important that the instruction be so diversified as to afford training suitable for each intelligence level.

Many of the boys at Glenwood came from broken homes and from an environment lacking in continuity of experience. In order to secure some evidence as to whether this has handicapped their school training, a comparison of the level of school achievement with mental ability was made for 128 boys entering the school. Forty-eight and four-tenths per cent of this number had a mental age ordinarily permitting of a year or more higher level of school work than the level of their present attainment in school subjects. The school achievement of 11.7 per cent of this group was a year or more higher than the mental age level. This suggests that this number has had unusually good instruction and has shown good application. The remaining 39.9 per cent of the group had a school achievement which approximated their mental ability. These figures indicate that one of the tasks which the Glenwood Manual Training School must face is that of remedial instruction to raise the level of achievement more nearly to the level of mental ability.

The result of the group mental and achievement tests have shown certain outstanding needs in the academic training offered at Glenwood. They are as follows:

- a. Need for academic high school instruction
- b. Necessity for remedial instruction in certain school subjects
- c. Necessity for bringing the level of school achievement more nearly to the level of mental ability
- d. Need for organization allowing for a slow rate of instruction with more than the average amount of drill and individual instruction for certain pupils.

The first need has been met to some extent by dismissal from the school of older boys who should be attending high school. Also there has been refusal to accept individuals for whom there were no facilities

for training. The median chronological age for the June, 1926, enrollment reflects this policy of dismissal and refusal to accept pupils. It is 12 years, 7.6 months as compared with 13 years, 8.2 months, median chronological age for the July, 1925, enrollment. In addition plans have been perfected for sending boys who are prepared for academic high school work to high school in a neighboring town.

The second and third needs have been partially met by establishing a special tutoring class. It has functioned in preparing boys to return to a regular grade. They have received individual help adapted to their particular needs. During the past year fifty-two boys have received instruction in the special class. They have remained for one to ten months in the class.

There has been no organized effort to deal with the fourth need. Considerable adaptation of instruction has been made in the case of certain individuals in the regular classroom, however. These pupils have received individual help and the course of study has been modified to some extent for their benefit.

GLENWOOD MANUAL TRAINING SCHOOL.
Intelligence Quotients and Chronological Ages.

Enrollment.	Number of pupils.	Median C. A.	Median I. Q.	Defective.	Border-line.	Dull and backward.	Average.	Superior.	Very superior.
July, 1925	268	13-8.2	96.0	6.7	16.4	14.2	41.4	12.3	9.0
Entrants September, 1925-June, 1926	100	12-6.7	94.8	9.0	9.0	21.0	42.0	7.0	12.0
Enrollment June, 1926	298	12-7.6	95.6	6.4	14.8	16.7	41.6	12.1	8.4

D. SOCIAL SERVICE.

Introductory.

The Social Service unit has continued under the direction of Miss Cornelia D. Hopkins.

The three previous annual reports have attempted to present a brief picture of the activity of the Social Service, and have each year concentrated upon some special phase of work. This report, however, attempts to draw together the other three reports into a brief statement of progress in all fields.

The various divisions will be taken up under the following general headings:

- a) Personnel
- b) Social Service in the Clinic
- c) Research Investigation and Treatment
- d) Follow-up Service
- e) Educational Work
- f) Visiting Clinics
- g) Social Service in Branches
- h) Recreation

1. Personnel.

The Social Service staff is divided into smaller sections according to the functional plan of the organization as a whole. For some time it has been felt that the work of this service should be so defined that all divisions of work stand out as separate units in order that, with any expansion of the staff, all phases might develop uniformly. Although it has been necessary in the past for one worker to do case work and, at the same time, to assist in the educational work being done by the Institute, these two pieces of work have been kept as distinct entities.

With this as a general policy, the gradual enlargement of the staff to cover new fields and to expand those already begun has been accomplished without undue friction. Work is at present being done outside headquarters at the two local branches, in the Juvenile Court and in the Mary Crane Nursery; in the visiting clinics in eight cities in various parts of the state; on paroled patients from Geneva, St. Charles and Joliet; and in cooperation with the psychiatric social workers on the staffs of these organizations: with the Infant Welfare Society, the Glenwood Manual Training School, and the La Salle-Peru Township High School.

In addition, there has been a decided extension of work in the field of student training in cooperation with the School of Social Service Administration of The University of Chicago, the Smith College School for Social Work, Northwestern University, and the New York School for Social Work.

In any statement in regard to personnel, mention should be made of the graduate student body which now forms an integral part of the Social Service plan. During the past year nine students from the Smith College School of Social Work were in attendance over a nine months' period, while five students from The University of Chicago were in attendance half-time for a period of three months.

2. Social Service in the Clinic.

The social work in the clinic, as outlined in the last annual report, has not only continued, but there have been additional steps taken in an effort to secure more nearly complete histories of each child referred for examination.

One of the most important of these steps follows: The registration of other agencies is now secured from the Social Service Exchange before the persons accompanying the child are interviewed. This applies to cases that are not referred by a social agency, which, of course, furnishes such information.

Registration of cases before the day of the examination is, in the long run, a saving of time because of the value of the additional facts obtained. It happens in many instances that information is not secured either because the family purposely withholds data, or because it does not have them: For example, a mother of a child is often unable to give the findings of a hospital or dispensary which the child has attended. The importance of this further step in investigation is brought out in the following case:

A twelve-year-old girl was brought in for an examination by her father, who complained of petty stealing and general incorrigibility, such as staying out late at night and refusing to help with the work at home. The Social Service Exchange reported the registration of the Juvenile Court and the Court of Domestic Relations. We telephoned these agencies for a brief summary of their contact. It was revealed that about a year previous to the examination, the neighbors had complained that the child was being abused by the stepmother. She was expected to take care of six younger children, all belonging to the stepmother, she was given very scanty clothing and she was expected to share a great part of the heavy housework. When she rebelled she was severely beaten and locked in the closet for two or three hours at a time. The father was a hard working man, who was away from home during the greater part of the day. He readily listened to all of the complaints of the stepmother and was more or less influenced in his attitude towards the child by her. Since this information is of a derogatory nature, it is quite possible that the father would not have mentioned it, or at least would have minimized the actual facts. It is obvious that with this information at hand the approach to the problem as a whole can be much more direct than if we had not been in contact with the Social Service Exchange on the date of the examination.

During the winter there was made available in printed form "A Suggested Outline For History Taking In Cases Of Behavior Disorders In Children" for the use of workers in the Institute and for the social workers of agencies referring cases. This has made for uniformity in the presentation of material and has minimized the danger of overlooking valuable data. The necessity for some standard scheme for gathering information becomes more and more apparent with the increasing number of cases referred and the diversity of problems presented.

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Complete Initial Histories.....	1241
Interim Histories Secured on Re-examination	338
Report on Social Findings to Agencies Re- questing information	602

3. Research Investigation and Treatment.

Since the establishment of the Social Service, its primary function has been the social adjustment of patients. At all times, therefore, a rather large proportion of the time of the staff has been devoted to intensive work on a limited number of carefully selected cases. Some of the problems undertaken for special study during the past year have been "The Adjustment of Problem Children in Foster Homes," "Post-Encephalitis as a Problem of Social Re-education," "The Technique of Social Adjustment of Egocentrics," "Possibilities of Social Treatment in the Family of the Luetic Child," "Methods of Recording Quantitatively the Subjective Data of the Record."

As a by-product of the work under this head, there should also be listed some experimental work begun during the year with the United Charities. An attempt to define the working basis which may be most effective, as between the worker in the clinic and the worker in the family case work field, is here being attempted through study and ex-

perimentation on the active cases known to both organizations. A similar effort at definition is being attempted in the nursery-school field in connection with the families of children in attendance at the Mary Crane Nursery School. This experiment is described in greater detail under the general heading of "Research."

INVESTIGATION AND TREATMENT CASES HANDLED BY THE SOCIAL SERVICE.

Cases Carried Over From the Past Year.....	128
New Cases	126
Cases Transferred to Social Follow-up.....	87
Cases Continued	65

4. Follow-up Service.

Social follow-up service is maintained by the social service of the Institute for Juvenile Research for the following reasons:

- a) To observe the progressive changes in behavior manifestations
- b) To judge if further active treatment is advisable
- c) To ascertain in so far as possible the connection between treatment given at the Institute and changes in conduct and behavior.

Social follow-up service is available for two groups of cases:

- a) Those referred from the clinic for investigation after several clinic appointments have been broken
- b) Those referred from active social service, after intensive treatment seems no longer necessary or advisable. Follow-up visits are made on these cases at set intervals varying in time—one, three, six to twelve months.

In order to make a study of the material obtained, each case is analyzed as to the form of the behavior difficulty, the form of treatment given, and the results of the treatment. With the continued study of material in this manner, some relationship between behavior difficulties and treatment may possibly be drawn.

From September, 1925, to August, 1926, 170 cases were referred to the follow-up service. The following table shows the number of cases in which adjustment, unchanged condition or increased maladjustment is found, together with the predominating methods of treatment used:

a. Adjustments alone totaled.....	105
Predominating factors in treatment were:	
(1) Psychotherapy	39
(2) Social work with environmental factors outside the home.....	26
(3) Social work with family.....	22
(4) Supervision of another agency...	18
b. Unchanged conditions totaled.....	55
Predominating factors in treatment were:	
(1) Social work with family.....	30
(2) Psychotherapy	12
(3) Social work with environmental factors outside the home.....	8
(4) Supervision of another agency...	5

c. Increased maladjustments.....	10
Predominating factors in treatment were:	
(1) Social work with family.....	10
Total cases treated.....	170

5. Educational Work.

Of all phases of the Social Service educational program, the work with graduate students and cooperating agencies has been most emphasized.

a) *Staff members:*

The Institute has continued placing all new staff members of the social service in various departments of the Institute for a short period of orientation before starting regular work in their own fields.

b) *Cooperative agencies:*

Educational work with cooperative agencies includes the following program:

Supplying outlines, questionnaires and explanations of material needed for the Institute clinic examination; arranging for attendance at selected staff meetings; attendance of Institute workers at case conferences held at other agencies; discussion of cases carried on a co-operative or advisory basis; arranging for conferences between the psychiatrist or the historian and representatives of outside agencies; clinical demonstrations to selected groups.

An experimental program of cooperative work with one family agency in Chicago, the United Charities, has been in effect for four months. The object of this experiment is two-fold:

1) To promote an understanding of the processes of each agency in order to perfect a working arrangement under which the patient or client is served to the best of both agencies' ability.

2) To study and to integrate, wherever possible, the social techniques in use in the field of family work and in psychiatric social work.

Requests for literature concerning the problems presented by the children of the clients of the United Charities and attendance by the family case workers at the staff meetings, held in the Institute for Juvenile Research, have been aids toward the understanding of the processes of this agency. Two family case workers have signified their intention of spending part of their vacation at the Institute; this arrangement will undoubtedly prove mutually beneficial, as it affords the opportunity for a profitable interchange of ideas.

The following working arrangement is now being tested, as the work with the United Charities is still on an experimental basis:

1) Social histories on patients referred by the United Charities are written according to the "Suggested Outline For History Taking In Cases Of Behavior Disorders In Children."* These histories are written by the United Charities worker, and she includes in each history just such information as her case record gives

* "Suggested Outline For History Taking In Cases Of Behavior Disorders In Children," by Myrtle Strom Mink and Herman M. Adler. *Welfare Magazine*, March, 1926.

her. The clinic historian, whenever possible, obtains additional information on items considered significant.

2) Patients referred by the United Charities are seen on the same day each week, thus the same psychiatrist sees the majority of cases referred by this agency.

3) These cases are reviewed at the regular unit staff meeting and the clinic findings and staff recommendations are sent to the agency. The United Charities is, in every case, offered further advisory service if they request it. Two psychiatric social workers have been assigned to this service which usually concerns itself with the social interpretation and application of the staff recommendations.

Such a working plan is an aid toward effective case work, just insofar as it brings more closely together the United Charities and the Institute for Juvenile Research. It is thought that the plan is accomplishing this, since, instead of viewing staff recommendations as either magical things, or wishes impossible of social fulfillment, the family case worker is now more apt to see them for what they are, namely, the first step necessary in the consideration of the patient's behavior. It is an important first step, since the staff findings usually throw light on the antecedent factors influencing the particular behavior manifestation.

In a recent questionnaire sent to the United Charities workers who had referred children for examination to the Institute, the following questions were asked concerning the staff recommendations:

1) In what way did our letter give you any specific help with your problem?

2) In what way did our letter fail to help you?

Not all of the questionnaires have been returned, but those that have show that, in general, to the family case worker, our service was in the direction of pointing out physical discrepancies, and in making definite recommendations concerning school, employment or institutional placement. These are recommendations for which, in most instances, our present social machinery has provided a means whereby they can be made effective.

The answers given to the second question, "In what way did our letter fail to help you?" are more varied in that they necessarily reveal the family case worker's progress in social case work, as well as her understanding of psychiatry and psychiatric social work. For example:

A child is referred on account of masturbation, and the family case worker is told to return the child at regular intervals for psychotherapy; she is also told that the emotion of shame in making trouble for the child and that it is necessary to substitute for this shame a feeling of confidence that this practice can be controlled. In answering the questionnaire, this worker states: "I do not know of any treatment given her to help overcome the sex indulgence. How would one go about giving a feeling of confidence that this practice can be controlled?"

The answers to such questions are, of course, too long and too involved to be given through letters. The worker's attitude toward masturbation is doubtless the key to the answer. She herself must know

the current thought on this subject in order to enable her to judge properly the weight of this problem. Courses in psychiatry will help her to do this, experience in the practical application of psychiatric principles will enable her to analyze such a recommendation into leads for treatment. The question she has raised shows the need for the formulation of a joint educational program by the psychiatrist and psychiatric social worker.

A working arrangement such as is in force at present between the United Charities and the Institute for Juvenile Research can only partially assist the general case worker in her interpretation and treatment of the behavior problem children under her care, for in the last analysis the professional school, which emphasizes the psychiatric point of view in social case work, must be relied upon to furnish the needed educational program. Nevertheless, there is a need for the Institute for Juvenile Research to supplement the educational work of the professional schools. The Institute for Juvenile Research is in a position to interpret psychiatry and psychiatric social work to other agencies; to do so effectively means that it must expand its present educational program.

c) *Educational work with post-graduate nurses:*

Social Service has continued in its cooperation with the Illinois State Training School for Psychiatric Nursing. Observation training periods of two weeks each were given. Five post-graduate nurses were in attendance from September 21 to October 3, 1925, and four from November 4 to November 18, 1925.

A lecture schedule was arranged for the groups covering a general survey of social case-work and a particular study of psychiatric social work. Selected reading and study of typical case records preceded the follow-up visits, which were made by the students to homes, schools and social agencies. The nurses attended general staff meetings each week, and held one student staff at which each presented an analysis of one case upon which she had been working. Two special field-trips were arranged for each group to social agencies or institutions.

The entire instruction and training were given under close supervision of a member of the Social Service staff. The purpose was to give the student knowledge and insight into the content of social work in the hope that this might make her more valuable in general nursing as well as in psychiatric nursing. This short training period given by the Institute is in no way intended to be a substitute for the full field training which is accompanied by theoretical courses in psychiatry and psychiatric social work; it is looked upon as only a supplement to a nurses' training course.

d) *Educational work with undergraduate students from Universities:*

Under this heading fall students, coming to the Institute, in connection with university courses in sociology and psychology. This course is planned with the idea of giving the student insight into the

field of psychiatric social work, and is in no way vocational. This group of students may be subdivided into those who come for a concentrated course during a vacation period, and those who come for a few days each week throughout a semester. The theoretical work covered by the two groups is the same; the difference is that the latter group gets more experience in actual field work.

During the spring semester at Northwestern University the Social Service of the Institute for Juvenile Research assisted with a course in Social Pathology and with the Psychological Clinic. The function of this service was to instruct eight students in the Social Pathology class in history taking. The histories prepared by these students were used to assist the Psychological Clinic in making recommendations.

This method of having one set of students study directly the social situation and later present it to another group of students helped in the realization of the purposes of this course. The work served merely as a concrete introduction to the methods of social investigation in the study of behavior problems. It was not thought that the instruction would, in any way, train these students to be psychiatric social workers, but would rather afford them an opportunity to collect and formulate facts.

e) *Educational work with graduate students:*

It is in this division that the greatest expansion has been accomplished during the past year, the numbers in this student group being more than doubled. A subdivision of the group is necessary:

1) Those students who intend entering other branches of social work, but who wish experience in a psychiatric social work agency as a part of their general background.

2) Students placed at the Institute for their field training as a part of their full requirement for graduation from a training school for social work. For this latter group a course in "The Theory of Social Case Work" is offered.

The course in the theory of social work has this year been expanded to include not only students taking field work at the Institute, but also students placed by the Smith College School for Social Work at the Michael Reese Dispensary. This course continues over a nine months' period with class work two hours a week. In subject matter it covers the following general topical plan:

Organization of a social service agency in its relation to other departments and to the community

Case histories

Field investigation

Treatment

The case record

Case summaries

Correspondence

Budgets

Recreation

Office organization.

In connection with the course, field trips to ten state, county and private agencies are planned in order that the student may get as wide

a viewpoint as is possible of the social community organization.

Eight theses to be presented in partial fulfillment of the requirements for a Master's Degree have been written by the graduate students based on the case material of the Institute. Another thesis, "The Possibility of Re-Education for Post-Encephalitic Children Following Methods Used for Crippled Children," written by Miss Helvi Haahti of Helsingfore, Finland, was published in the Welfare Magazine following its acceptance as a Master's thesis by the Smith College School for Social Work.

The field work courses for all graduate students follow much the same lines and include clinic management, history taking, short service, intensive investigation and treatment, record writing and survey work. Each student is under the constant supervision of a member of the department who goes over all items of work in frequent individual conferences. Weekly conferences with the Chief of Social Service and other staff members furnish a coordinated type of supervision.

Statistical Report of the Social Service Student Enrollment.

Post-graduate Nurses:

Illinois State Training School of Psychiatric Nursing..... 9

Undergraduate Students:

Short vacation courses..... 3

University of Wisconsin.....1

University of Chicago.....2

Four Months' part-time courses..... 7

Northwestern University.....7

Graduate Students:

University of Chicago..... 5

Smith College School for Social Work.....11

Field work plus theory course.....9

Theory course only.....2

New York School for Social Work..... 1

Total36

6. Visiting Clinics.

Requests for visiting clinics have continued to grow in number, usually too rapidly for the staff to furnish the needed clinical service to all points at one time. Work has been continued in those centers in which an active social case-work organization gave assurance that treatment recommended on completion of examinations would be carried out. The expense, both in time and funds, involved in each clinic has made it most necessary that clinics be held only in those cities that have not only the interest but the organized facilities to cooperate in a well rounded program. With this in view, it has been necessary to make a brief survey of all new centers from which requests for clinic service have been received. Three new centers have been visited during the past year and in two of these facilities were such

that it has been possible to lay definite plans for the establishment of clinics in the coming year.

In the clinics which have been carried over from previous years, all programs reported last year have been continued and some new ventures have been started.

In LaSalle, Peru, and Oglesby, the clinic, under the auspices of the Family Welfare Society, has continued an indirect supervision of cases previously examined. As in previous years a psychiatric social worker has gone to LaSalle two days in advance of the psychiatrist and psychologist to help in the securing of special information desired, and in the preparation of the case histories. The cases are then brought in for examination or re-examination by the psychiatrist and psychologist. The case is then discussed by the staff, consisting of the psychiatrist, psychologist, the worker of the Family Welfare Society and the Institute worker, and recommendations are made for treatment to be carried out by the Family Welfare worker.

During the year a total of fifteen psychiatric interviews was given. Of these six were new cases; the remainder were returned for re-examination or psychotherapy. Social follow-up was made on ninety-two cases formerly at the clinic.

The work of the Bureau of Educational Counsel at the LaSalle-Peru Township High School has continued this year in much the same manner as last year. In addition to the regular investigation, treatment and advice cases carried by the regular worker attached to the school faculty, and the periodic clinics held by a psychiatrist from the Institute, a psychologist was attached to the Bureau for three months at the opening of school in the fall. This addition to the staff made it possible to interview each student entering the High School. By this means many students presenting special problems of retardation or failure in school work, poor adjustment to others at home or school, or personality difficulties, were discovered, who might otherwise have passed unnoticed until the problem became acute. These children were helped to make better adjustments by one or more individual interviews. Though it is impossible to measure the results of such preventive work, it is felt that a number of serious crises have been avoided.

Active treatment or supervision has continued on such old cases as have needed attention. The attitude toward the Bureau built up among the students by the worker has been one of such free objectivity that many former students who are now well adjusted and doing good work at junior colleges and universities, have come in occasionally for advice and to discuss their plans and problems. Because of this splendid feeling throughout the School not only students, but others as well, have consulted the worker upon difficulties arising both in and out of the classroom.

Three further visits have been made to Springfield since the initial clinic was held in May, 1925. These visits were made in November, 1925, February, 1926, and April, 1926, under the auspices of the Sangamon County Children's Bureau.

At these three clinics fifty new cases were examined, two of which had been examined earlier at the Institute in Chicago. Ten cases were

re-examined. The following table, which gives the sources of the cases, indicates a very general interest in mental hygiene in this community. Members of the clinic have found this interest not only in the organized institutions of the city, but among parents and relatives as well.

Sources of cases.	Number.
Attendance officer.....	7
Bureau of Child Hygiene.....	2
Day Nursery.....	1
Family Welfare Society.....	7
Springfield Home for the Friendless.....	4
Illinois Children's Home and Aid.....	1
Lincoln Colored Home.....	1
Nurses	6
Parents or relatives.....	10
Probation Officer.....	9
Sangamon County Children's Bureau.....	1
Y. M. C. A.....	1
Total	50

In reviewing the reasons for referring cases to the clinic, it is quite clear that the referring agencies are thoroughly familiar with what constitutes behavior maladjustment. The problems that have been presented for study have been real mental hygiene problems. Out of fifty cases referred, six were sent for retardation alone. The remainder covered the whole gamut of children's behavior difficulties, varying from truancy, stealing and temper tantrums to post-encephalitic behavior and acute mental disease.

The table below shows the number of children distributed by chronological age. Most of them, it will be noted, were under fourteen years of age.

Age.	Number.
Under 6.....	3
6 through 7.....	4
8 through 9.....	9
10 through 11.....	10
12 through 13.....	12
14 through 15.....	6
16 through 17.....	3
18 through 19.....	2
20 through 21.....	1
Total	50

The following case is illustrative of the work which the clinic has done:

Oscar, twelve years of age, was a problem in school. Not only had he had occasional trancies for the last year, but he was constantly getting into difficulties in the neighborhood and at the school. He would sulk and no do as he was requested. This reaction was alternated with a great delight in accepting responsibility if it was an important role that he was asked to take. When in difficulty, he would lie. His lies were usually very evident and childish.

This boy's family life was thought by the psychiatrist to be significant. Oscar's father had always been discontented, "nervous," and having a "high temper." Occasionally he had been away from home on gambling sprees. The mother had expressed no particular dislike

for the father, but she often felt lonely, and wished pathetically that she had someone who could advise her concerning the care of her children. Oscar is the youngest of the four children in the family, and quite his mother's favorite. She states that "after all, he is my baby and my only comfort."

Other factors that somewhat round out the picture of Oscar were obtained in the examination at the clinic:

The physical examination was essentially negative.

On the psychological examination, he had a mental age of nine years five months, yielding an intelligence quotient of .73. He gave the fullest cooperation.

The psychiatrist found him to be alternately evasive and frank about his difficulties. He thought school was too hard for him and felt that the teachers were shoving him along to get rid of him. Oscar boasted of his prowess at football and baseball and in the next breath told shamefacedly of his interest in dolls, and how he liked to play them with his sister. The doctor felt that Oscar was handicapped because of his low intelligence rating, which caused a real feeling of inferiority. Also his attachment for his mother and his mother's dependence on him, coupled with his interest in dolls, further handicapped him in the neighborhood, and "made the fellas think he wasn't a sport."

For treatment it was advised that Boy Scout membership be arranged, that opportunities be made for him to feel a certain justifiable superiority, and that his parents should come to recognize his misconducts as an illness rather than as "badness." The gist of the treatment was to create a more objective attitude toward his difficulties rather than effecting any great change in the fibre of his makeup.

On the second trip of the clinic, the school reported that trouble with Oscar had not ceased, but they had developed quite effective ways of handling him. He had been given "special responsible jobs" and had done the work very well. School placement had been effected which was consistent with his mental age. Boy Scout work had been provided. Both the school and the parents felt that they understood him a little better, and, although a decided change in his behavior had not taken place, they felt that they had added tools with which to deal with him.

All cases examined were given the entire routine examination, consisting of physical, psychological and psychiatric examinations, against the history of the social background of the child and its family. All cases were staffed the same as in the headquarters clinic, and definite concrete recommendations in each case were left with the children's worker of the Sangamon County Children's Bureau. Workers from all of the several agencies referring the children attended staff meetings held on the two days of the clinic stay. This included, naturally, all workers who had referred the children who were examined. The main purpose of these meetings was to acquaint the workers with the clinical work, and to introduce them to methods of dealing with specific behavior problems by using their own cases as illustrations.

During the Spring of 1926, the Springfield Council of Social Agencies planned a mental hygiene program in cooperation with the Illinois Society for Mental Hygiene. The visiting clinic of the Institute furnished two of the speakers on this program: Dr. Paul L. Schroeder spoke on "The Behavior Difficulties of Young Children," and Miss Bernice Scoville on "Social Work with Behavior Problems."

The clinics in Champaign-Urbana have continued at regular intervals under the auspices of the Champaign-Urbana Family Welfare

Society. In an article on the Champaign-Urbana clinic* Miss Laura L. Craig, Secretary of the Family Welfare Society, calls attention to the need for a psychiatric social worker to test and to carry out the recommendations made by the clinic unit: "In the family agency, the secretary has many other duties pressing upon her, and the assistant, although she has more time, is handicapped by lack of training and experience. The school attendance officer, the probation officer, and the school nurses have no assistants of any kind and therefore find intensive work almost impossible." She further states that "the only problems which can be satisfactorily handled by untrained workers are those in which the maladjustment is largely due to environmental and health factors, instead of to personality factors."

In this statement, Miss Craig has put her finger on the handicap that is ever present in the social work of the visiting clinic, namely, that if something is to be accomplished, other than the recording of clinical findings, it is of primary importance that someone in the community be released from all other responsibilities and trained to do the necessary psychiatric social work. Ideally this person should be a graduate of a professional school which recognizes the psychiatric point of view, and which affords opportunity for a certain amount of field training in a psychiatric social agency. Courses in psychiatry furnish the worker with tools, but she must be taught the skillful use of these tools. To teach the use of these tools is the educational function of the social service of a psychiatric agency.

The clinic in Champaign-Urbana has been successful in gaining the interest of the community, and in focusing the community's attention upon the part that personality deviations play in individual maladjustment. An instance in which this interest has shown tangible form has been in the establishment of a "special room" with a "special teacher" to assist those children who are failing to do the school work.

The Board of Education realizes that this room should not be used merely as a dumping place for "misfits," and they also recognize the fact that the teacher of this room must be the type of person who thinks of education as "primarily a matter of the child's growth and adjustment," and who concentrates upon those educational processes that will enable the child to develop successfully in the school environment.

Miss Craig answers the question, whether the clinic has been of sufficient benefit to pay the community for its expenditure of money and interest, when she states that "we did not expect to work miracles with definite cases, but even if we consider it from this point of view, the benefit that it has been to one young girl alone would make it worth while. It has certainly caused a number of parents to take a different view toward their children, to understand better their shortcomings, or to realize that they were using wrong methods in handling them. It has been of great educational value to our society; we realize now as we never did before that the mental problem is the basic one in a surprisingly large number of our families, and most of our board members are thoroughly convinced of the clinic's importance."

* "A Small City Mental Health Clinic," by Laura L. Craig. *The Family*, January, 1926.

7. Social Service in the Local Branches.

In both local branches of the Institute for Juvenile Research, the branch at the Cook County Juvenile Court and Detention Home, and at the Mary Crane Nursery connected with Hull House, the psychiatric social worker has carried on active work, keeping throughout in close touch with the policies and plans of the headquarters office.

8. Psychiatric Social Work in Cooperating Agencies.

The Institute has watched with a great deal of interest the development of psychiatric social work in other agencies in Chicago, and has assisted this development through clinic service and frequent conferences.

At the Glenwood Manual Training School, Miss Nancy B. Johnston is now entering her second year as vocational counsellor for the school. Miss Johnston was formerly a member of the staff of the Institute and so is able to keep in close touch with the work of both organizations. Through her efforts, the examinations made by the Institute have assumed greater importance for the individual boy since Miss Johnston is able to supervise the carrying out of all recommendations made herself. Several reports of the progress of this work have been published by the Glenwood School.

9. Recreation.

The recreation work has been considerably expanded in the course of the last year. It has continued in charge of Miss Claudia Wannamaker.

One of the outstanding developments in this phase of work has been the increase in the number of recreation interviews. Talks on recreation to other social agencies invariably result in requests for the recreation interview as a part of the clinical examination. As yet it has not been possible to make the interview a routine part of the examination, and only cases referred by the psychiatrists are seen by the Supervisor of Recreation.

In November, 1925, the director of the Scholarship Association for Jewish Children requested that the children referred from that agency be given recreation interviews, as many of them were found to have few outside interests. Inasmuch as the Association was prepared to follow up recommendations along this line, and the group was a fairly homogeneous one, the study was undertaken. So far thirty-nine of these children have been interviewed. In each case a carbon copy of the findings and recreation recommendations are sent to the Association. The following are examples of recommendations given:

a) Girl of 16 years, 5 months:

Although the patient expressed an interest in Girl Scouts, it seemed in line with her rather indiscriminate enthusiasm and not a genuine interest. Also she is rather old for that type of organization. Her interest in singing seemed very genuine. In the light of her poor rating in the musical test it may prove a superficial interest and certainly no

expenditure should be made on music lessons. However, a choral club connection should be tried out and information concerning such groups may be secured from the Civic Music Association. Other than this, the patient's present club connections are probably sufficient.

b) Girl of 14 years, 5 months:

The patient's lack of recreational opportunities is apparent not only in the actual content of her replies but in her manner of answering questions. She is hesitant and finds it difficult to give reasons underlying her statements. Because of the fact that she was underweight, we advised against club activities in which physical exercise predominates. While she is a little old for a beginning interest in Camp Fire, the symbolism of this type of activity might provide her with some tangible means of expressing her tendency towards daydreaming and fantasies, as was pointed out by the psychiatrist. The Camp Fire executive will furnish information concerning a suitable group.

In the event of a failure in making a Camp Fire connection, we listed also the nearest recreation centers. A club in which the program is rather varied and in which the idea of "good times" is stressed should be secured. Inclusion of the patient's "best friend" in the recreation program will probably insure greater interest on the part of the patient. Instruction in music might prove beneficial if the patient's statements in regard to her interest are correct. However, as her music test showed only average ability, such provision should be regarded only as a leisure time interest.

c) Boy of 15 years, 6 months:

The patient obviously tried to make a good impression on the interviewer, which probably accounts for some of the discrepancies between his statements and his mother's in regard to his play interests. However, the school clubs he has belonged to included all the children of his grade, and joining them required little initiative on his part. His statement in regard to his chief interests, namely baseball, volley ball and track, was no doubt a conventional reply.

Because of the patient's many limitations, it will be difficult to provide a suitable club connection for him. Boy Scout membership should not be encouraged because of his age, low mental rating and his feeling of inferiority. The extent of his participation in athletics should be carefully estimated by a physician because of his underweight and tendency toward tuberculosis. As his rating in mechanical ability is low, handwork classes will probably furnish no outlet for him.

About the only thing left is a social group made up of boys and girls in which the idea of a "good time" is uppermost. He seems to have enjoyed that type of activity at school, and while he admits some interest in girls, he is shy about approaching them. The Institute physician says a moderate amount of dancing in a group of this kind will probably not be harmful. The nearest recreation centers were listed.

In cases other than those of the Scholarship Association, recreation recommendations are included in the general letter sent to the social agencies in question.

An index of the interest in recreation as a part of social treatment is shown in the increased number of requests for the giving of demonstration recreation interviews. Upon two occasions workers of the districts of the United Charities came to the Institute to observe such an interview. One other district of the Charities was visited for this purpose as well as one social settlement. Several visitors have also been given the benefit of such demonstrations. Among these was Dr. Sigurd Dahlstrom, the consulting psychiatrist of the Norwegian Government, who was interested in this type of approach to behavior problems. It

has been found that the presence of visitors rarely seems to affect the children's response to questions, for, as a rule, they are too absorbed to be aware of the presence of others.

Inquiries concerning recreation in social case treatment have not been confined to visitors. Among others, a former Chicago settlement worker requested the use of the outline for interviewing in her work in a New York settlement. A student in Texas asked for material which she might use in a thesis. A psychiatric social worker in Kentucky wished to know whether or not recreation interviewing might be done by a psychologist. A psychiatric social worker, Cincinnati, Ohio, asked for twenty copies of the reprint "Recreation Program in a Plan for Social Treatment" and advice concerning a general approach to the use of recreation. The Chairman of the Program Committee, Milwaukee Family Welfare Association, asked for literature on recreation for their field workers' conference. The Community Recreation Association, Richmond, Virginia, requested advice in the making of a survey of recreational resources.

Two meetings were held for recreation workers at which the method of work at the Institute was presented. They were, Girls' Work Department, Chicago Federation of Settlements, and the Boys' Workers Association of Chicago. Cases in which social adjustment had been attempted or brought about through a utilization of play interests were given to both groups.

During the past year the results of 245 recreation interviews have been analyzed. On the basis of this study the outline for interviews has been revised and is now ready for use. This revision includes a more accurate grading of play test question according to age; a selection of game lists which best indicate differences in sex and maturity; and the elimination of questions which were found to be of less value in recreation studies.

A thing often encountered in social treatment is the attitude of parents toward the play lives of their children. This may often be a matter of indifference, but at times a definite misunderstanding or antagonism may be expressed. It is not uncommon to hear an irate parent say: "He plays too much. It's all foolishness belonging to this club and that. They never learn anything but to run the streets." In order to re-educate the parents' attitude, it is necessary to discover just what play experiences the parent in question had. Accordingly, an outline similar to the one used for children has been formulated and is now in use. The informant's play experiences are approached from three angles, namely, childhood, adolescence and marriage until the present time. So far, the outline has been in use too short a time to furnish definite results, but the causes so studied have given some interesting sidelights on family interrelationships. For example:

A boy of ten was referred because of stealing and truancy. It was found that his mother would not allow him to play out on the street with other boys but insisted on his staying indoors and playing with his sister. To all suggestions the mother made polite but non-committal replies. Talking to her about her own play advantages appeared to break down a resistance on her part and she spoke spontaneously for the first time. She told of having been brought upon a farm where

she had a great deal of work and few opportunities for play. Later she moved to a small town and worked in a factory. Here her social interests centered around the activities of her church. Since her marriage she has been tied down by many family responsibilities and as her husband works at night and sleeps during the day they rarely have any recreation together.

With this information the worker could point out that the mother was limiting the patient's activities to her own limited play experience. The mother consented to have him join a Y. M. C. A. where the patient, so far, has made a good adjustment.

As a part of the training program of the Social Service, each student has had one case in which recreation studies have been made of each member of the family. In addition to this work she has had assignments which included the formulation of recreation programs on the basis of such studies, visits to recreation centers and required reading in recreation.

The recreation worker at the Glenwood Manual Training School asked the help of the Institute in regard to a group of ten boys who were making a poor play adjustment at the school. Two days were spent in making individual recreation studies of these boys, with the result that a plan has been formulated for meeting their needs. Throughout the experiment, which will last over a period of three or four months, weekly reports on each boy's program will be submitted by the School. This work furnishes an excellent opportunity to try out various plans in a situation which is controlled, a thing not possible in the average recreation center.

In order to study the play needs of children at camp, Hull House settlement has requested the use of the outline for recreation interviewing and the help of the Supervisor of Recreation in directing the study.

Upon the move to the new building two rooms were assigned as waiting rooms for the clinic. One has been fitted up as a play-room for the younger children, the other for older children and adults. As in the other building, the Institute is again indebted to the Committee on Recreation of the Chicago Woman's Aid for the furnishing of these rooms. The children's room plays no small role in the clinical procedure when one considers that it gives the patient his first impression of the Institute and that it often is necessary to break down a prejudice against the examinations. During the past few months two students from the University of Chicago have each given one day a week to supervise the play room, to act as hostesses to the children, and to stimulate their use of the playroom facilities.

In October, 1925, the Supervisor of Recreation was asked to serve as leader of a Child Study Class of some thirty-odd members. This work was undertaken because the leader was given the privilege of making recreation studies of the homes and children represented by the group.

During the past few years the Department of Sociology of the University of Chicago has made extensive studies of Chicago communities. The results of such sociological studies have been secured from the University as well as a map showing the natural community areas.

This material is found helpful not only to Social Service in furnishing background studies of cases under social treatment, but in pointing out cultural and economic trends of the various communities with which the workers come into contact.

The Supervisor of Recreation has been appointed by the Mayor of Chicago to serve on the recently organized Recreation Commission of Chicago. This commission is composed of 200 members who are prominent in the educational and recreational work of Chicago.

As will be noted, the work in recreation has developed to such an extent that an increase in the personnel has been needed for some time. Miss Alva Hammerskold, a graduate of the New York School for Social Work, has been secured as assistant recreation worker beginning June 15, 1926.

STATISTICAL REPORT OF THE SUPERVISOR OF RECREATION.

Recreation Interviews	132
Recreation Interviews for Demonstration....	11
Children Sent to Summer Camp.....	19
Observation Outings	59
Consultations With Social Workers at Institute	40
Consultations With Social Workers at Other Agencies	34
Consultations With Students.....	95
Interviews With Visitors.....	48
Inquiries Concerning Recreation Work at the Institute	14
Lectures to Students.....	7
Meetings Attended	58
Talks on Recreation.....	17
	<hr/>
	534

10. Extension Work at the Glenwood Manual Training School.

March, 1926, marked the end of the first year's work at Glenwood, a preliminary report of which was given last year. The program being attempted at this School is of especial interest not only to the staff but to educators throughout the country. The school is attempting to make the mental hygiene examination available to every boy enrolled in the school, regardless whether there are outstanding difficulties or not. The Bureau of Vocational Guidance within the School has remained under the direction of Miss Nancy B. Johnston, who has at all times worked in close cooperation with the Institute.

Throughout the year, examiners from the Institute staff have been at the school at weekly intervals, while at the same time, Miss Johnston has been in frequent conference at the headquarters office.

The Institute rendered the Glenwood School the following services:

Psychological Tests—Group	366
Psychological Tests—Individual	105
Vocational Tests	88
Complete Examinations	95

11. Case Staff Meetings.

Case staff meetings have been conducted every Saturday morning for the presentation and discussion of problem cases. Here the problems of children who have raised perplexing questions to any examining unit are brought up for discussion by the entire staff. This meeting is considered of primary importance as an aid in the formation of policies and procedure to be carried on, not only by the headquarters office, but by the branch offices. It has been found to be a distinct aid, also, toward bringing before the staffs of other agencies the method of work of the Institute. At almost every meeting, there are several visitors from other states or from foreign countries, while visitors from co-operating agencies are, of course, frequent.

STATISTICS OF EXAMINATIONS MADE AT HEADQUARTERS.

907 South Lincoln Street, Chicago.

New Cases	1,241	
Old Cases:		
Re-examinations	402	
Completions	400	
Treatments and Interviews.....	661	1,463
Total		2,704

REPORTS.

Written Reports on Cases.....	1,643
Additional Reports of Historian.....	602

ANALYSIS OF AGE GROUP OF NEW CASES.

	M	F	
Juvenile (under 14 years).....	511	265	
Adolescent (14 to 21 years).....	258	201	
Adult (over 21 years).....	4	2	
Total	773	468	1,241

GENERAL ANALYSIS OF SOURCES OF NEW CASES.

Courts	264
Schools	177
Hospitals	34
Other Social Agencies.....	575
Parents, Relatives and Friends.....	157
Physicians	34
Total	1,241

SPECIAL ANALYSIS OF SOURCE OF NEW CASES.

COURTS:

Juvenile Court, Cook County.....	251
Juvenile Court, Lake County.....	1
County Court, Cook County.....	8
County Court, Savanna, Illinois.....	1
Municipal Court, Chicago, Illinois.....	2
Probate Court, Cook County.....	1
Total	264

SCHOOLS:

Training and Correctional:	
Spalding	7
Shields	1
Burley	1
Walter Scott.....	1
Clarke	1
Doolittle	2

Columbus	3
Parker Practice	1
Lawson	1
Willard	6
Riis	7
Grant	1
Tennyson	1
Sabin	2
Howe	2
Wells	1
Libby	1
Douglas	1
Fallon	1
William Beye, Oak Park	1
Longfellow, Oak Park	12
Emerson, Oak Park	2
Chicago Latin	1
Skokie, Winnetka	3
Cicero Public Schools	5
Austin High	2
Parker Senior High	1
Phillips High	3
Calumet High	7
Englewood High	5
Senn High	1
Sabin Junior High	2
University High	1
Flower Technical High	1
Lake View High	1
Tilden Technical High	3
Deerfield Shields High, Highland Park, Illinois	1
Park Ridge School for Girls	7
Glenwood Manual Training	57
Illinois School for Deaf, Jacksonville, Illinois	3
Illinois State School for Blind	1
St. Mary's Training School for Boys	1
Chicago Parental School for Boys	8
Chicago Parental School for Girls	1
St. Charles School for Boys	1
Addison Manual Training	1
Superintendents of Public Schools—	
Hinsdale, Illinois	1
Woodstock, Illinois	2
Oak Park, Illinois	1
Evanston, Illinois	1
Total	177

HOSPITALS:

Cook County	18
Children's Memorial	2
Psychopathic	4
Agnes Wilson	1
Women and Children's	1
Evanston	1
Chicago Memorial	1
St Luke's	6
Total	34

OTHER SOCIAL AGENCIES:

Dispensaries and Other Health Agencies:

University of Illinois Dispensary	18
Central Free Dispensary	1
Olivet Institute Dispensary	1
Illinois Eye and Ear Infirmary	1
Municipal Tuberculosis Sanitarium	18
Chicago Tuberculosis Institute	10
Infant Welfare Society	8
Tri-Cities Family Welfare Association	1
Illinois Social Hygiene League	1
Illinois Society for Mental Hygiene	1
Elizabeth McCormick Memorial Fund	2
Visiting Nurses Association	2
Department of Health, Chicago	1
Department of Health, Berwyn	4
Home for Destitute Crippled Children	2
School Nurses	9
Institute for Juvenile Research	14

Total 94

EDUCATIONAL:

Board of Education, Chicago, Illinois.....	13	
Board of Education, Chicago Heights, Illinois.....	11	
Vocational Supervision League.....	11	
Scholarship Association for Jewish Children.....	64	
Total		99

PROTECTIVE:

Juvenile Protective Association.....	15	
Juvenile Protective Association, Aurora, Illinois.....	6	
Women's Protective Association.....	1	
Immigrant's Protective League.....	1	
Total		23

CHILD PLACEMENT:

Jewish Home Finding Society.....	38	
Illinois Children's Home and Aid.....	21	
Catholic Dependent Child Commission.....	7	
Catholic Home Bureau.....	1	
Total	67	

FAMILY WELFARE:

Jewish Social Service Bureau.....	90	
United Charities.....	110	
Central Charity Bureau.....	4	
Cook County Agent.....	1	
Total		205

HOMES FOR DEPENDENTS:

Chicago Home for Girls.....	34	
Children's Receiving Home.....	2	
Chicago Orphan Asylum.....	4	
Bohemian Orphan Asylum.....	3	
Methodist Deaconess Orphanage.....	8	
Marks Nathan Jewish Home.....	1	
Danish Lutheran Orphan Home.....	1	
Guardian Angel German Catholic Orphan Society.....	1	
Lawrence Hall for Boys.....	1	
Total	55	

SETTLEMENTS:

Hattie Barwell Good Fellowship Settlement.....	1	
Northwestern University Settlement.....	2	
Howell Neighborhood Settlement.....	1	
Gad's Hill Center.....	1	
Chicago Commons.....	4	
Olivet Institute.....	1	
Total		10

MISCELLANEOUS:

Mark White Square.....	1	
Chicago Lutheran City Mission.....	2	
Jefferson Park Church and Institute.....	1	
Service Council.....	2	
Council of Jewish Women.....	1	
Chase House Day Nursery.....	1	
Community Service Bureau.....	1	
Hull House.....	1	
Young Men's Christian Association.....	1	
Chief of Police, Evanston, Illinois.....	1	
Police Woman, Oak Park, Illinois.....	1	
Editor of Poetry Magazine.....	1	
Juvenile Detention Home.....	1	
Daily News Article.....	1	
Total		16
PARENTS, RELATIVES AND FRIENDS.....		157
PHYSICIANS		34

E. BRANCH AND EXTENSION SERVICES.

1. Cook County Juvenile Court and Detention Home.

The chief aim of the Branch of the Institute for Juvenile Research at the Cook County Juvenile Court and Detention Home is to clarify for the Judges the various factors underlying the behavior of delinquents, referred by the Court to the Institute staff. Miss Phyllis Bartelme has continued in charge of this Branch.

During the past year a thorough study was made of the types of cases referred, methods of procedure, and personnel required to conduct the work of this Branch. No change was made in function and the Institute continued to act in an advisory capacity to the Judges, probation and police officers, and other interested agencies.

In the course of years the Judges and officers of the Court have called upon the Institute with increasing frequency with the result that there has been a steady growth in the total number of cases examined. Last year the Institute Branch examined 500 cases of which 38 were repeaters. It should be noted that this increase is proportionately greater than that of the number of cases appearing before the Court.

It is apparent that every child coming in contact with the Juvenile Court should be examined. The very fact that a child is brought before the Court implies certain social and economic difficulties which ought to be investigated from the point of view of the child and of the conditions involved. To render that service for the 24,000 cases which the Court handles each year, is obviously quite impossible. The question, therefore, arises: to what extent shall the services of the Institute Branch be given, and in what particular types of cases? To this end, a brief analysis of the cases referred for examination was made, which showed that in the case of boys:

a. After excluding truants and dependents, the number of boys entering Court totaled.....2161

b. The number of boys' cases referred to the Institute Branch for examination totaled.....319

c. There were referred to the Institute personnel practically every case under the head of crime of violence and sex. Out of 31 cases, 27 were referred.

d. Of the 526 cases covering immorality, incorrigibility, robbery, and obtaining money under false pretenses, there were referred 1 out of every 5.

e. Under the head of the several kinds of larceny, assault, and malicious mischief, totalling 950 cases, there were referred for examination about 1 in every 10.

f. In another group, containing the charges of burglary, arson, drunkenness, attempted suicide, carrying concealed weapons, and larceny (stealing automobiles tires) there were referred 18 out of 562 cases, or about 3 in every 100. Curiously enough, all of these 18 cases came from the one charge of burglary.

The following table gives the same information for girls:

Relation of Examination to Total Cases Entering Court.

Delinquency charges.	Total number examined.	Total number in court.	Percentage of Institute examinations to total cases coming into court.
a. Robbery.....	3	3	100.0%
b. Disorderly conduct.....	1	1	100.0%
c. Carrying concealed weapons.....	1	1	100.0%
d. Larceny (unclassified).....	30	40	78.9%
e. Immorality.....	74	176	42.0%
f. Incurrigibility.....	30	379	7.9%
Grand total.....	139	600	23.1%

Formerly, social histories on cases examined at the Juvenile Court Branch have been furnished by probation and police officers and, where specially assigned, by the Social Service at the Institute.

This arrangement was always considered unsatisfactory since, on the one hand, there was not sufficient contact between the Branch staff and the probation officers on questions of social information; and on the other, the limitation of personnel necessitated the carrying of but a small number of cases by the Institute social service.

Until November, 1925, the Institute staff had consisted of two psychologists, a part-time psychiatrist, and a stenographer. At this time, the increasing number of cases to be examined and the need for securing more adequate social histories made it necessary to enlarge the staff by the employment of a full-time psychiatric social worker, and later a second stenographer was added.

Since the Juvenile Court Branch has acted in a purely advisory capacity to the Judges and to the probation and police officers of the Court, it was agreed that the psychiatric social worker would act as a social historian on all cases referred for examination, rather than as a social investigator in the field. Moreover, she was to act as a liaison officer between the examining room and the personnel of the Court, and also as the cooperating agent between the psychiatrist and the probation officer in all matters of treatment.

In carrying out this program an informal survey was first made to determine what information could be secured on individual cases and what part of this information should be furnished by the Court officers on the one hand, and by the Institute staff on the other.

On the basis of this survey, a minimum social history outline was made up and was used in all cases referred to the unit for examination. This outline was presented to, and approved by the Court in January. Since that time all officers have referred cases in writing in accordance with the outline. This information has then been supplemented by a more detailed history, taken by the psychiatric social worker, from the parent or relative of the child referred for study. The history outline used by the main office of the Institute was used for this purpose.

The psychiatric social worker obtained during this period 221 social histories from parents, relatives, and persons interested in the child, and secured 216 statements from probation officers.

The Juvenile Court officers have assisted in every way possible in carrying out the requirement that written information be furnished. Even though the outline was reduced to a minimum, it must necessarily, in order to be of value, place an additional heavy load on the officers already burdened with the routine of the cases. It has, however, been realized that in order to make the examination at the Branch of greatest value to the officer, all information possible was necessary.

The procedure followed in the examination of the individual case at the Juvenile Court Branch is essentially the same as that of the main office of the Institute. The court officer in referring the case furnishes the clinic with a report of his investigation and makes arrangements for the mother or some other person responsible for the child to report to the psychiatric social worker, who obtains a full history of the case. The child is then given psychological tests and a psychiatric interview, and his problems are discussed in a staff conference. The recommendations resulting from this conference are then formed into a summary statement of findings and specific recommendation which is sent to the officer on the case.

The following is a typical case illustrating the source of reference, the method and procedure of obtaining information and a summarization of the results used as a basis for recommendations to the Judges of the Court:

A— B—, a white boy sixteen years of age, was referred by the probation officer through a written report received June 25, 1926. This report and the history received from the father show that the casual observer had always considered him as a sub-normal child. The boy's general appearance was unattractive; his hair line ran low on his forehead; his eyes were crossed and there were pustules on his face. His shuffling gait, dull appearance and the restless movements warranted the nickname of "Goofy" and "Dumbbell".

Previous to the time that he was arrested and brought to the Detention Home, he had never been in any serious trouble, although his father had always considered him a problem. He came to the court's attention because a neighbor complained that he attempted to have sexual intercourse with his eight-year-old daughter. Although this was the first overt expression of sex, he had shown a definite interest along this line for the past year. Several complaints had been received from the school and neighbors that he wrote obscene words and drew suggestive pictures.

The boy was the youngest of three children. His father belonged to the working class. Since the death of his mother, when he was nine years old, a maternal great-aunt, aged seventy-seven, had been the housekeeper.

The father had never remarried. At home the patient was considered inferior to his older brother and sister; his childish immature behavior annoyed and embarrassed them. They continually nagged at him and called him a "nut." They were ashamed to have him at home when there was company. The father tried to avoid nagging the child but was unable to prevent the brother and sister from showing their irritation. However, he had always been very severe in his discipline. When he was questioned by the worker he admitted that he was at a loss when it came to making plans for the patient's future. He felt that the boy was definitely feeble-minded because of his lack of self-confidence, poor scholarship and the amount of attention and supervision he required at home.

The father gave a history of developmental retardation and convulsions at the age of two, as well as school retardation and maladjustment. Although the child started school at the age of six he repeated the first three grades, and was at the time of examination in grade seven. This past year he was transferred to a school which offered more mechanical classes but he showed no increase of interest, nor did he make a better adjustment. His interests and behavior were clearly those of a younger child. He played with small children and enjoyed their company, as well as their baby games. Boys his own age called him "cock-eyed" and pushed him aside when he attempted to enter their play. His present behavior had more firmly convinced the father that his son could not be considered a normal boy. He especially wanted advice as to what kind of work the patient might do when he left school.

In spite of the boy's unattractive appearance, poor school progress, and general history of retardation, the psychological test indicated that he had fairly good intelligence (I. Q. 86). On the mechanical ability test he showed a similarly high rating. He was a well developed, well nourished boy of average height who was found to have exceedingly poor vision, being practically blind in the right eye. In discussing his difficulties with the psychiatrist he showed distinctly an inferiority reaction for which he had failed even to attempt to compensate. On the contrary he had become identified with the smaller children and was developing into somewhat of a recluse. The attitude of the family and the community had thoroughly prevented him from identifying himself in play, school or work as a boy of his own age. Although his interests in regard to his social activities were childish they were in keeping with his age in regard to sex and aggressiveness. In masturbating imagery he identified himself with girls of his own age. Because of his social inadequacy and feeling of inferiority he had made no acquaintances with girls of his own age who would have furnished a wholesome outlet for his developing sex interest. So it was that the little eight-year-old girl, because of her youth and physical inferiority, offered a possible substitute.

It was recommended that every effort be made to raise the boy's social identity to a higher level. This might be obtained by giving him an opportunity to do the sort of thing that would create a feeling of importance, and might be effected by utilizing his mechanical ability in securing future work. Correction of his vision defect should be made for the cosmic effect, even though the sight was nearly gone, in order to lessen his feeling of physical inferiority. It was considered unwise to allow him to return to the community for some time because of his apparent need of supervision and because of the attitude of the community toward his recent behavior. It was suggested that he be placed in a boys' school that would furnish the necessary supervision and training. The probation officer was advised to return him for further study of his personality reaction after his release from the school. It could then be determined to what extent his period of training has enabled him to associate himself with persons of his own age.

Even with the utmost cooperation from officers and outside agencies, it is clearly impossible that one worker secure adequate social information on all of the cases referred by the Court, without additional assistance. During the past year it has therefore been found impossible for the social worker to carry out cooperative conferences with the officers as fully as had been considered advisable in the original plan. It is thought that this original plan should be adhered to and should be taken into consideration in all plans for future work. Consequently it was decided that a unit consisting of the following person-

nel was necessary: one full-time psychiatrist, one physician, two psychologists, two psychiatric social workers and two stenographers.

2. Mary Crane Branch.

Since the Pre-School and Nursery School Branch at the Mary Crane Nursery has for its object mainly research, the Branch and its work are described under that head.

F. MISCELLANEOUS.

1. Examination of Children at the School For the Deaf.

The Institute was requested to examine ten children at the School for the Deaf at Jacksonville, who failed to make a satisfactory adjustment there. Complaints against them were temper tantrums, inability to learn either academic subjects or handwork after a period of training of two years.

Of this number it was found that four were definitely feeble-minded, four were borderline defectives and in two it was impossible to determine intelligence because of lack of cooperation. Resistance and negativism were met with in five instances and were the outstanding personality traits.

The other psychiatric conditions were epilepsy, equivalent anxiety neurosis, infantile cerebral palsy, homosexuality and inadequacy. It was found that only two of this group would benefit by further academic training. Five, however, should respond to handwork.

Recommendations to the School for the Deaf were made to the effect that five of the ten children would profit by further training there. Of the other five, four were eligible for commitment to an institution for feeble-minded. In one instance, that of the epileptic, commitment was urged.

2. School For Borderline Defectives.

During the past year a movement was started to establish a small school for the special instruction of dependent borderline defective children. It is fostered by various judges and other public-spirited people of Chicago. This is to be a demonstration project. The Institute was requested to lend its assistance in developing the problem of the selection of cases of the type of training desired.

The impetus for this project has come out of the lack of facilities for caring for borderline defective children. Whereas formerly these children were to a large extent cared for in dependent institutions, this is no longer possible. Many of the dependent institutions have decided that they are not properly equipped to care for children whose intelligence rating places them in the higher defective group. Funds for placing these defective dependent children in foster homes, where conditions are favorable, are not available. The result, therefore, is that such a child, even though he is not a delinquent, and may be able to adjust in a desirable home without difficulty, must be committed to an institution for feeble-minded and forever identified as a mental defective.

This is obviously unfair to the child for although he may not be able to progress readily in school due to a special learning handicap, he is not necessarily either delinquent or incapable of making his own living. Many adults, who comply with social standards and who are respected citizens of the community, had similar difficulties in learning and adjustment as children and are found by intelligence tests now to grade as borderline defectives.

The arbitrary plan of instruction in schools of today does not care for these children and the special or subnormal rooms are not yet adequate. The type of instruction available in this school for borderline defectives will be the important contribution to the care of such children.

III. RESEARCH.

During the year the Institute for Juvenile Research has carried on a number of research problems for the purpose of throwing light on what are, as yet, the unsolved and obscure phases of the science of human behavior. These projects have been carried on chiefly in the psychiatric and psychological divisions.

A. PSYCHIATRY.

In recent years certain psychiatric investigators have attempted to throw further light upon the problems of human conduct by seeking facts relating the physical build of the individual to his general behavior tendencies. Psychiatrists have produced evidence indicating that there is an important relationship of physical build to the temperamental or characterological qualities of the individual. The facts in this field of investigation are as yet not well determined, and their interpretation is still obscure. The Department of the Criminologist believes, however, that inquiry in this direction may possibly uncover information that will be helpful in an understanding of the bases of conduct, and from which implications relative to the practical handling of problems and disorders of conduct may be derived.

Psychiatric research of this nature is now being developed in one of the state penal institutions by Dr. George J. Mohr, research psychiatrist on the staff of the Institute for Juvenile Research, under the direction of the Criminologist. The work was in active process during November and December of 1925 and continuously since April, 1926. Investigation has to July 1, 1926, required physical and psychological examinations of over 700 prisoners. Of these 100 have been selected for more intensive study and are now being subjected to a battery of tests.

Excellent cooperation has been given by the departments of the University of Chicago, the University of Illinois, and Northwestern University, in the loan of apparatus, not otherwise available for this work.

B. POLYGRAPHIC EXAMINATION OF DECEPTION AND RESISTANCES.

Polygraphic examination have been used during the past three years in the study of behavior problems. This work is in charge of Dr. John A. Larson, research psychologist.

Briefly, the technique consists of the use of an apparatus which records blood pressure, and heart and respiratory action of a subject while he is being questioned. Since an analysis of this data has proved of practical value in the study of deception of suspects in criminal investigation, it was thought that this same procedure could be employed in the study of resistances and deception in children.

It has been found that the reactions recorded when the child or adult is lying are different from those obtained when he is telling the truth. Controls must of course be established to detect lying. This is done by using three divisions of operative procedure:

1. A period of control in which the physiopathological changes are obtained without stimulus;
2. A period in which they are obtained while the subject answers a series of questions, the correct replies to which are known to the examiner; and
3. A period in which they are obtained during a series of questions pertinent to the investigation, the answers to which are not known to the examiner.

The following represents the types of problems investigated by the use of this technique:

1. Use of the polygraph in the detection of the deception of criminal investigation:
 - a. Cases of the Evanston Police Department selected by Chief Wiltberger, formerly a member of the Staff of the Institute for Juvenile Research and an assistant to the examiner.
 - b. Deception of the inmates of penitentiaries who deny their guilt.
 - c. Deception of juvenile delinquents referred by the court for an examination as to the truth of their stories
2. Use of the polygraph in psychiatric investigation in connection with the regular service of the Institute. Cases are referred by the psychiatrist because of some discrepancy, either obvious or suspected. Any additional information secured as the result of the test is given to the psychiatrist who then makes any necessary recommendations and gives any needed psychotherapy.

Some of the problems studied in connection with the cases referred by the psychiatrists at the Institute are:

1. Psychoneurotic deception.

2. Searching for and removing resistances such as those present in:

- a. Sex
- b. Enuresis
- c. Stealing
- d. Truancy
- e. Conflicts

3. Classification of individuals into types based upon changes present in the polygraphic records. Many types of reaction are definite enough to be grouped into definable "pattern" types. Thus certain physiological and pathological factors modify the physical reactions of the body and these in turn modify the behavior of the individual to some extent.

Thus, for example, an individual with a thyroid deficiency will react differently than one with hyperthyroidism. All physical factors should be easily recognized in order to interpret polygraphic tracings. The more important factors may be grouped in *physiological* including sex, age, sleep, exercise, occupation, attitude, race, posture, diet, drugs, and sensory stimulation. The important *pathological* factors may be grouped into respiratory, cardiac, nervous, endocrine and the group of diastheses.

Of all factors, those of the cardiac group definitely affect the interpretations of the polygraph and many of them, including some of the respiratory group, have diagnostic significance so that the inspection of the record often may reveal the disease. Of the endocrine group, records secured from cretins in institutions and from individuals, possessing hypothyroid deficiency, seem to show differences from those of hyperthyroid activity. The records of a group of thirty-seven epileptics seem to show some instability, when compared with the records of other groups. An attempt is now being made to secure enough individuals in institutions for the insane and in clinics so as to determine how far, if at all, these persons may be classified or diagnosed by their polygraphic records both without and when under experimental tension.

The records may not only vary because of existing pathology, but will vary under emotional tension. Thus some will show a decrease in blood pressure, others an increase, while there may be all types of changes in the pulse wave as well as in the respiratory tracing. As yet it seems unsafe to state that certain sensory stimuli will evoke specific types of records. Of course if the stimuli are chemical we may expect rather uniform reactions, but to stipulate that the records show specific responses to fear, joy, sorrow and the like, seems slightly premature.

The following cases exemplify the types of problems examined:

1. Criminal investigation. Some fifty suspects have been tested in the Evanston police department and of these two cases are cited:

- a. Surprised by officers while committing a burglary the thieves fled, abandoning a truck in which a straw hat was found. Three suspects were tested and of these one had lost his hat. The interpretation of the records was that the man without the hat was innocent but that the other two either were guilty or had guilty knowledge. It was later ascertained that the two men mentioned had known that the truck was to be used for the burglary.

b. A difficult situation often arises in criminal investigation when a child accuses an adult of a sexual crime and no conformatory evidence is presented. In spite of the recognized inaccuracy of the testimony of children, adults have been convicted and sentenced on their unsupported testimony. Accordingly, considerable doubt was entertained when a sixteen-year-old girl accused a police officer of assaulting her and forcing her to an act of sexual perversion. Since their stories were diametrically opposed, both were tested on the polygraph. The examiner reported that, in his opinion, the girl had answered all of the questions relevant to her accusation in a truthful manner and that the officer had lied and was therefore guilty. The chief of police was advised to watch the officer and not to discuss the results of the test with anyone. A few months later a fourteen-year-old girl accused this same officer of rape and her polygraphic record seemed to bear out her accusation. Before the officer could be tested he had jumped his bonds and left for Mexico.

While in the foregoing case the accusations of the children were found to be true, in others examined they were false. Thus a twelve-year old boy accused a man of assaulting him and compelling him to submit to an act of sexual perversion. The adult was arrested, but after being tested the boys admitted that his story was false and the man was released.

2. The following several cases depict some of the problems referred for polygraphic examination by the psychiatrist:

a. Not infrequently runaway children, who lie about their identity and do not want to go home, are brought to the Detention Home. In one such case a fourteen-year-old girl said that she had come from North Carolina, as her guardian had mistreated her since the death of her parents, whom she saw killed in a wreck. She told with much simulated grief of holding the head of her father and of his last words to her. When tested she became very angry and would not admit that she had lied, although shown her record. The findings of the test were that her whole story was fabricated and that her parents were alive and living in Chicago. Even the name of the street was suggested. Later the interpretation proved to be correct.

b. Two boys were referred by the psychiatrist because one of them had stolen a sum of money. Although everyone blamed the older, who was dull and backward and sullen in his answers, his record was interpreted as clearing him of the theft. On the other hand, the interpretation of the record of his brother was that the latter was guilty and he confessed when discussing the test.

c. A wealthy girl was accused of cheating and was seen acting in a suspicious manner. After three successive tests, during which she lied on most of the questions, she confessed to the accusations and also that she had been stealing for years.

d. A boy of twelve persisted in running away from summer camp and he was referred to the psychiatrist to see what the incentive was. He had previously denied any sex behavior. After lying, he told of many homo-sexual experiences with men and boys on golf courses and in theaters. His reason for running away was to join a man who would then take him out to shows and rides and then commit fellation.

e. Not infrequently, cases of malingering may be detected by the polygraph. Thus a boy of fourteen insisted that he ran away because he heard voices at definite intervals and at these times he was ordered to run away. The polygraphic tracing showed marked disturbance

whenever he was questioned about the voices. He finally admitted that he had lied because he did not want the real reason for his truancy to be discovered.

At present an analysis of a thousand records is being made with especial reference to possible group types of diagnostic significance.

C. PSYCHOLOGICAL RESEARCH.

Introductory.

Perhaps the most important development in scientific investigation at the Institute is the plan that has been worked out by which eight thousand case records will be submitted to an intensive statistical study. These investigations will probably throw light on some of the causal factors in juvenile delinquency. It is also hoped that the relative effectiveness of different remedial measures may be known through these investigations.

A study is under way to determine public attitude about the relative seriousness of different offenses. A preliminary report of this investigation will be published shortly in the *Journal of Abnormal and Social Psychology*. This study is being carried out by Professor Thurstone, who is in charge of psychological research at the Institute.

1. Mechanical Drawing Aptitude.

In order to develop the best possible vocational guidance methods, it is necessary to try out different vocational aptitude tests in an experimental way before using them in the service division of the Institute. It is advisable to work on one aptitude at a time. At present an intensive study is being carried out on aptitude for mechanical drawing. Students in the junior and senior high schools vary considerably in their aptitude in this respect. It is not a question of intelligence because some otherwise bright boys are extremely awkward in mechanical drawing, whereas occasionally boys with average general intelligence do quite well in this study.

The work on vocational aptitude tests for mechanical drawing was started at the Institute in February, 1926. In selecting mechanical drawing aptitude special consideration was given to those particular aptitudes which are most important in the vocational counseling work of the Institute. Drafting is an occupation which may be entered at the apprentice level and it requires relatively little cultural or technical background in the simpler forms of this type of work. It is, therefore, suitable for the placement of boys who must leave school early. Furthermore, drafting positions are numerous, and they furnish a rather wide variety of industries to which a boy has access who is qualified for such a position. Industries have been willing to cooperate with the Institute in the study of mechanical drawing aptitude. This is an important consideration for vocational placement of boys.

Two groups of students were selected at the Lane Technical High School. One group was judged to show talent and promise in mechanical drawing, whereas the other group impressed the instructors as not

possessing this particular aptitude. The final arrangements for these investigations at the Lane Technical High School were made through the courtesy of Mr. William J. Bogan, Assistant Superintendent of Chicago Public Schools and Mr. R. C. Faubell, Head of the Department of Mechanical Drawing. This study was duplicated at the Harper Junior High School at the request of Miss Opal Daniel, Vocational Counsellor at Harper and Mr. Walter J. Harrower, Principal.

At the Lane High School the instructors in six different classes of second semester mechanical drawing (High School freshmen) were each asked to select the four or five students who showed the greatest promise of becoming good draftsmen if given the proper training. The instructors were asked to base their selections only on their ideas of a student's ability to grasp training in drawing, controlling out such factors as tardiness, troublesomeness and absence. Each instructor was asked to select also four or five of his students who showed the least promise in drafting. For use as an additional criterion, Mr. Faubell, who has had wide experience in commercial drafting rooms and directs the work of twenty-one mechanical-drawing instructors, made selections with the same standards in mind, but based only on brief inspection of the students' completed plates and observation of the students at work. Most of Mr. Faubell's selections agreed with those of the instructors, but in most cases where there was no agreement the case was dropped. The cases, obtained by this procedure at Lane, were twenty-five Promising and twenty-four Not Promising. At Harper there are but two classes of second semester mechanical drawing students and the selections had to be limited accordingly, thus obtaining less differentiated groups than those at Lane. At Harper the investigator relied on the judgment of the drawing instructor, Mr. John Zinngrabe, who selected nineteen Promising cases and twenty Not Promising.

After having selected these two supposedly well-differentiated groups in each school, further verification was obtained by means of a mechanical drawing test. This test is adapted from examinations prepared by Mr. D. W. Castle, Vocational Director at Joliet Township High School and Junior College. This examination required three fifty-minute school periods. On the basis of this examination after one semester of instruction, and the combined judgments of instructors, the two groups were decided upon so that all who were in the upper group were certain to be talented in mechanical drawing while those who were in the lower group were certain to be deficient in this particular special aptitude. Two such groups were selected at Lane and two similar groups at Harper Junior High School.

To these four groups a number of special aptitude tests were given, including the following groups tests: Series A of the Minnesota Paper Form Board; Tests V, VI, VII and VIII of the Downey Group Will-Temperament Test; and Problems 1, 4 and 5 of Part I, Thurstone-Jones Spatial Relations Test. The Minnesota Paper Form Board was furnished us by Mr. L. Dewey Anderson, Chief Investigator on the Mechanical Abilities Project at the University of Minnesota. Materials for the Thurstone-Jones Test were obtained from Mr. Walter B. Jones,

Professor of Vocational Education at the University of Pittsburgh. The individual tests consisted of the Painted Cube (27 cubes), the Freeman Puzzle Box, the Freeman Mirror Drawing Test, and an eye movement test which is still in the developmental stage.

The Minnesota Paper Form Board required fifteen minutes; the tests selected from the Will-Temperament Group, one fifty-minute school period; the Thurstone-Jones Tests one fifty-minute period; and the individual tests taken together, one fifty-minute period. The groups tested ranged from eight to twenty individuals, depending on the size of the class from which the selections were made.

These tests are all of a kind which may be administered in a relatively short time as compared with the time required to determine a boy's aptitude by simply turning him loose on the drafting board as an apprentice. Certain of the tests show valid differentiations between the Promising cases and those Not Promising.

These tests, in order of value as shown up to the present time, are Thurstone-Jones Problem 4 (Paper Folding), Painted Cube, Minnesota Paper Form Board, Thurstone-Jones Problem 5 (Block Counting), Freeman Puzzle Box and Thurstone-Jones Problem 1 (Flag Test). These tests should certainly be used on a future study for individual prediction. The Downey Tests, and the Freeman Mirror Drawing Test showed few valid differences.

2. The Bio-Chemical Study of Personality.

Dr. Gilbert J. Rich recently joined the Institute staff as a research psychologist, and has given his efforts primarily to a series of studies on physiological and chemical factors in personality mal-adjustment. The scientific study of personality presents today one of the leading problems of psychology. From the clinical side, psychiatric workers have accumulated a very considerable body of practical knowledge of personality and its traits. But on the scientific side there has been little accomplished, and almost nothing that can be practically used. Intelligence has, of course, been studied intensively, and a vast number of intelligence tests have been elaborated. The non-intellectual traits of personality have not fared so well. A frontal attack upon the problems which they present, using purely psychological methods, presents many difficulties. For this reason, the time seems ripe for a study of personality from a different angle, that of physiology or bio-chemistry.

In the present investigation, an attempt is being made to discover any relationships which may exist between the type of metabolism which an individual exhibits, as shown by bio-chemical measurements, and his personality. It is hoped that positive results will lead not only to some method which will be of practical diagnostic value, but also that we may eventually come to even a slight understanding of the underlying factors in that complex which we call personality.

Preliminary experiments were carried out on a group of university students, to establish standards and procedures for the work on Institute patients. The subjects furnished samples of saliva and urine obtained

under specific conditions which were analyzed for acidity, phosphorus, and creatinine. Each subject was rated on a number of personality traits by people who knew the subjects well, and these data served for the first preliminary inquiry.

In this preliminary study the Institute had the cooperation of Dr. Sheldon of the University of Chicago who kindly placed his data at the disposal of the Institute investigation. In arranging these investigations the Institute staff has had the advice of Professor Fred C. Koch, Director of the Laboratory of Physiological Chemistry at the University of Chicago. Space, apparatus and materials were also supplied by the University for preliminary study.

Sixty subjects have participated in this study so far, and the preliminary report will be available early in the fall of 1926.

On June 5, Dr. Rich reported this investigation at the New York meeting of the American Orthopsychiatric Association in a paper entitled "Some Chemical Aspects of Personality Traits." These results seem to show a number of definite tendencies for relationships to exist between an individual's excretion of creatinine, phosphorus and acid and such personality traits as leadership, aggressiveness, excitability and sociability. The investigators are at present engaged upon the task of working up the remaining data.

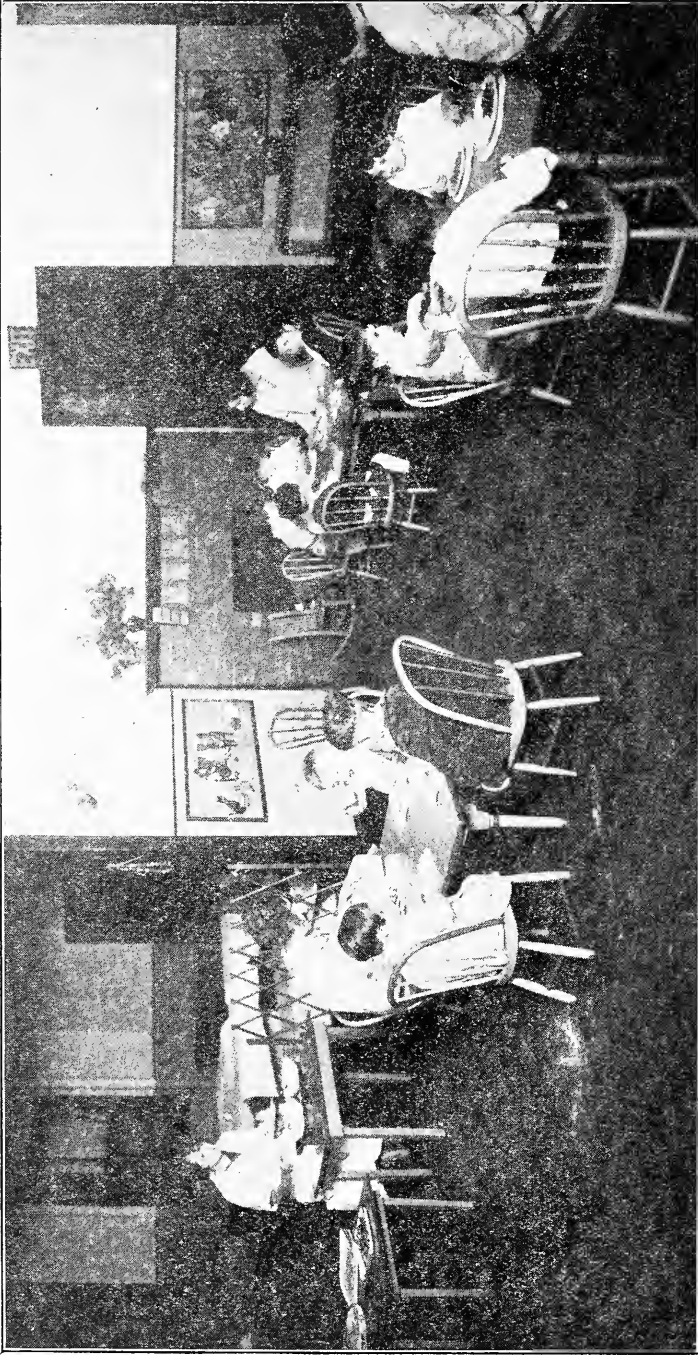
The second phase of the experimental work is being carried on in the laboratory of the Institute, and the results already obtained will be applied to delinquents and other types of abnormal personality. The subjects will be those passing through the clinic, as complete personality studies have been made upon them. It is planned to use especially those patients, studied by the Branch at the Juvenile Detention Home, since they are for a time inmates of the Home where such factors as diet, rest, and the like, can be controlled. Not only will the studies upon types of excretion be continued, but in addition an attempt will be made to trace further the bio-chemical factors involved by means of blood analyses.

The general purpose is as before, the ultimate development of clinical methods of personality study, as well as an attempt to understand the bodily mechanisms which underlie character.

3. The Pre-School and Nursery-School Branch.

A new branch of the Institute for Juvenile Research has been opened during the past fiscal year with headquarters in the Mary Crane Building of Hull-House. This branch is devoted to work with pre-school and nursery-school children and was established with research as its major objective. It is under the direction of Miss Ethel Kawin, research psychologist, and has a staff composed of a part-time psychiatrist, two research workers and a secretary.

In recent years the growth of interest in the study and training of the pre-school child has focused the attention of educators, parents, social agencies and the public in general upon work with very young children and upon the movement for the establishment of nursery-schools. It



Photograph by courtesy of National Kindergarten and Elementary College.

Luncheon Hour

Mary Crane Pre-School and Nursery School Branch
of the Institute for Juvenile Research.

was inevitable that with the rapid increase in the number of nursery-schools in Chicago, a request should in time reach the Institute for Juvenile Research for assistance in this new educational field. In the Autumn of 1925 three nursery-schools requested psychiatric and psychological service from the staff of the Institute for Juvenile Research. Recognizing the urgent need and the wide spread demand for specialized work in the field of the pre-school and nursery-school child, the Director of the Institute decided that the wisest plan of procedure would be to establish a unit devoted to research and service in this field. Simultaneously with these requests came an invitation from Miss Jane Addams suggesting that the Institute for Juvenile Research participate in the re-organization of the Mary Crane Building at Hull-House and establish headquarters there for work with pre-school children. This offer was accepted and the Pre-School and Nursery-School Branch of the Institute was opened there on January 1, 1926.

Mary Crane Building is now being operated as a cooperative unit for the welfare of children. The nursery-school there is conducted by the National Kindergarten and Elementary College; the family case work agency functioning there is the Mary Crane Branch of the United Charities; the physical and nutritional service for children under six years of age is carried on by the Infant Welfare Society, and for children over six years of age by the Elizabeth McCormick Memorial Fund; the psychological and psychiatric service is rendered by the Institute for Juvenile Research.

This cooperative unit for children is, so far as we know, unique in the country. It is hoped to create such a completely rounded service for children as may serve as a model for other communities. If an important, integrated piece of work for children, yielding research studies as well as giving service, can be carried on through the cooperation of already existing agencies in a community, many more centers of such service and research may be possible for the country as a whole than can ever be established if such centers are entirely dependent on large grants from private foundations. All of the agencies represented in this cooperative project attach significance to this point and an earnest endeavor is being made to establish an efficiently running service on which scientific research studies may be imposed.

In addition to the service which it gives to this Mary Crane Nursery-School, the Institute for Juvenile Research through its Pre-School and Nursery-School Branch has been giving service in two other nursery-schools—the Children's Community School and the Junior Kindergarten of the Franklin School, which is the first nursery-school to be established in a public school. The Children's Community School is privately conducted. The physical and nutritional work there is under the direction of private physicians. The Franklin Nursery-School is an experimental project of the Chicago Woman's Club. The physical and nutritional work there is carried on by the Elizabeth McCormick Memorial Fund, and daily physical examinations are made by the school physician of the Chicago Health Department.



Children at Play—Franklin Nursery School.



Staff of the Institute for Juvenile Research Aids Behavior Problems of These Children.

In all of these schools the staff of the Institute gives psychological and psychiatric service and is planning to carry on research projects.

a. *The Children in the Nursery-Schools.*

The workers on the staff of the Institute who have been carrying on these Nursery-school projects consider that there is a great advantage in their opportunity to make comparative studies of three nursery-schools where the children attending have such widely different social and economic backgrounds. The Mary Crane Nursery-School at Hull-House draws its children from the neighborhood and most of the children, therefore, come from very poor homes; the Franklin Nursery-School draws its children from families of the so-called "lower middle class"; the children of the Community School come, for the most part, from very "well-to-do" homes.

The total number of children studied in these schools was—

Mary Crane.....	56
Franklin	19
Community	31
Total	106

An analysis of the age groups and the background of nationality of the children in three schools is interesting. The table below indicates the age groups of boys and girls for the three schools.

Schools.		Ages of children.						Total.
		2 years.	3 years.	4 years.	5 years.	6 years.	7 years.	
Mary Crane School.....	Boys.....	6	11	9	12	1	1	40
	Girls.....	3	3	7	2	1	0	16
Franklin School.....	Boys.....	1	6	2	0	0	0	9
	Girls.....	5	5	0	0	0	0	10
Children's Community School.....	Boys.....	1	2	7	5	3	0	18
	Girls.....	1	2	3	6	1	0	13

The problems of the children in nursery-schools vary greatly with differences in their background of nationality. Differences in tradition, in social and moral standards, in general temperament, in general standards of living,—these and other factors must be given careful consideration in comparing one group of children with another. No comparisons on intelligence test results can ever be made without considering the problem of whether English or a foreign language is spoken in the child's home. Analysis of the nationality of the children and their parents for the three nursery-schools under discussion brings out the following table of interesting facts.

Schools.	Number of foreign-born children.	Number of American-born children.	Birth-place not given.	Number of children with one foreign-born parent.	Number of children with two foreign-born parents.	Number of children with American-born parents.	Birth place of parents not given.	Total number of children.
Mary Crane School.....	4	49	3	5	43	6	2	56
Franklin School.....	1	17	1	3	10	6	0	19
Children's Community School.....	1	25	5	2	2	20	7	31

Of the foreign-born children, three of those in Mary Crane were born in Mexico and the fourth in Poland; the one in Franklin School was born in Germany, and the one in Community School was born in China but of American parents.

In the Mary Crane group the five instances of one parent foreign-born were Mexican; in the forty-three cases where both parents were foreign-born, distribution was as follows: Italian 22, Mexican 14, Syrian 2, Polish 1, Russian 1, Greek 1, German 1, Italian-Irish 1. Of the six children with American-born parents, four were white and two colored.

In the Franklin School, the three children with one foreign-born parent had parents born in Italy. In the ten cases where both parents were foreign born the distribution was as follows: German 2, Austrian 2, Japanese-Irish 2, Greek 1, Scandinavian 1, German-Austrian 1, Russian 1.

In the Community School, the "One parent-foreign-born" in both cases was English. The two cases where both parents were foreign-born were Russian and Russian-Polish.

b. *Service in the Nursery-Schools.*

A case record is kept of each child in the nursery-schools. A social and family history is secured; psychological test results and observations are recorded; psychiatric interviews are recorded in detail; and a series of special forms including physical examinations, records of progress in behavior problems and other similar data are included. Detailed observations of the children's behavior and activities while in the nursery-school are also made a part of the record.

The psychological service has thus far consisted of individual Stanford-Binet Examinations of all children over three years of age. The Stutsman Tests from the Merrill-Palmer School which have just been made available are now being tried out, and it is planned to use other tests especially designed for the child of pre-school age. It is desirable to use tests where results are dependent more on performance and less on language than the Stanford-Binet Test when examining very young children, especially where the foreign-language handicap is as prevalent as it is at Mary Crane.

All children who present behavior problems are studied by the psychiatrist and it is hoped during this coming year that a psychiatric

study may be made of every child in the schools. Obviously the usual techniques for psychiatric interviews are not well adapted to use for a child under six years of age and new methods for psychiatric study and observation of these young children must be designed. Carefully recorded, objective observations of the child's behavior in the nursery-school are of course of great value for this purpose, as well as others. The technique of recording nursery-school observations, however, is also in the formative stage and a great deal of time is being given by staff workers to trying out various methods of observations. It is found that the nursery-school directors are exceedingly anxious to have help with this problem.

The nursery-school directors are encouraged to bring any special problems that may be troubling them to the psychiatrist's attention. The range of behavior problems thus referred offers an interesting variety,—temper-tantrums, enuresis, thumb-sucking, masturbation, timidity, bullying, special fears, distractibility, nail-biting, and a number of others,—even including petty thefts. This service represents an endeavor to meet one of the greatest needs of nursery-school teachers. But only an ever-increasing knowledge and understanding of the causes and treatment of the behavior problems of very young children can render such service satisfactory.

Staff conferences are held regularly, attended by members of the Institute staff, the nursery-school directors, and some of the staff members of the United Charities and the Infant Welfare Society. At these conferences family and social histories, results of physical examinations, the nursery-school teachers' comments and the psychological and psychiatric findings are brought together and discussed so that a composite, integrated picture of the child is presented to the staff. Recommendations for the handling of the child both at school and at home, and for special treatment of behavior problems are then made.

The work of the Pre-School and Nursery-School Branch of the Institute has not been carried on sufficiently long to justify citing a number of cases of children in order to illustrate what may be accomplished by this type of work. But there is no doubt of the fact that the nursery-school offers about the best possible opportunity for the observation and study of any young child. In no other situation is there a comparable possibility of studying a child in his social reactions, among a group of children of his own age. And for those who are trying to modify the behavior patterns of little children there is no situation which offers so advantageous an opportunity to correct undesirable behavior trends and to establish good habits in the child.

The following is a brief summary of the case of one child which illustrates these possibilities of the nursery-school:

Barbara was referred to the nursery-school by the Infant Welfare Society of the district in which she lived because her mother found it impossible to manage the child. At the age of two years and four months Barbara was already a misfit in her family situation. She was the youngest of three little girls, and the mother had had no serious difficulties with either of the two older sisters. Barbara, however, dis-

played such terrible fits of temper, indulged so constantly in nail biting and masturbation, that her mother felt utterly unable to cope with her and finally told the Infant Welfare nurse that she was sure the baby was "mentally unbalanced". It is impossible in this brief report to trace in detail the progress of this child through her first months in the nursery-school. When she first entered she refused to become a part of the group in any activity, had violent temper tantrums whenever she was not allowed to do exactly as she pleased, and sulked or cried or sat disconsolately aloof from the other children most of the time. She resisted any effort on the part of the nursery-school teachers or other children to draw her into the group activities. Her physical appearance at the time she entered the school was very poor, as she was a sallow child with deep circles under her eyes and a rather woe-begone expression. At the end of six weeks in the nursery-school a great change was apparent to even the most casual observer. Barbara had begun to be a social little creature, entered with great interest into group activities, gave the appearance of a rested, healthy child, and only rarely cried or indulged in temper tantrums. At the end of six months in the nursery-school her mother's very enthusiastic praises of what has been accomplished for the child are the best testimony that can be obtained as to the possible benefits of the nursery-school for a child who displays behavior problems. The ultimate test, after all, of the success of the nursery-school is whether the improvement in a child's behavior is carried over into the home and the parents educated as to wiser ways of handling their child. Barbara's mother reports that the child is really no problem any more and she has no difficulty with her at home. Nail biting has practically ceased and the masturbation habit is almost overcome.

Whereas Barbara illustrates an extreme example of the type of behavior problem that a nursery-school is called upon to deal with, almost all children present at least some minor behavior problems which can probably be overcome more easily in a nursery-school than in any other situation.

c. *Research.*

The Pre-School and Nursery-School Branch of the Institute was established, as was pointed out earlier, with research as its major objective. It is recognized that there is very little accurate scientific knowledge of the child of pre-school age. The many habit clinics and behavior problem clinics for children of this age that are being established throughout the country must be organized to meet the needs of parents and others who need help in the training of very young children. This clinical service, however, can eventually be made truly valuable and reliable only in so far as greater knowledge is gathered in this field through research studies. Much more accurate information should be sought as to what constitute norms of intelligence and normal emotional reactions and behavior norms in general for children of this age. It is in the hope of contributing ultimately to this fund of knowledge that the Pre-School unit of the Institute is undertaking various research projects in nursery-schools and on behavior problems of the pre-school age.

It has not been possible during these past six months of organizing this new unit to get actual research projects launched but a number of preliminary studies have been made which, it is hoped, may lead to the

formation of concrete problems for scientific research this coming year. Preliminary data has been recorded in regard to the reactions of these young children when they reach that part of the Stanford-Binet Intelligence Test which is too difficult for them. It would appear that some important personality trends might be discovered through this avenue of observation, as the individual reactions of the children vary greatly.

Preliminary studies have also been made of the emotional reactions of the children, both in the spontaneous situations that arise in the course of the nursery-school day and in controlled situations into which they are placed in the play-room laboratory of the Institute. Conflict situations are being created and the emotional reactions of the children to such situations are being carefully recorded in detail.

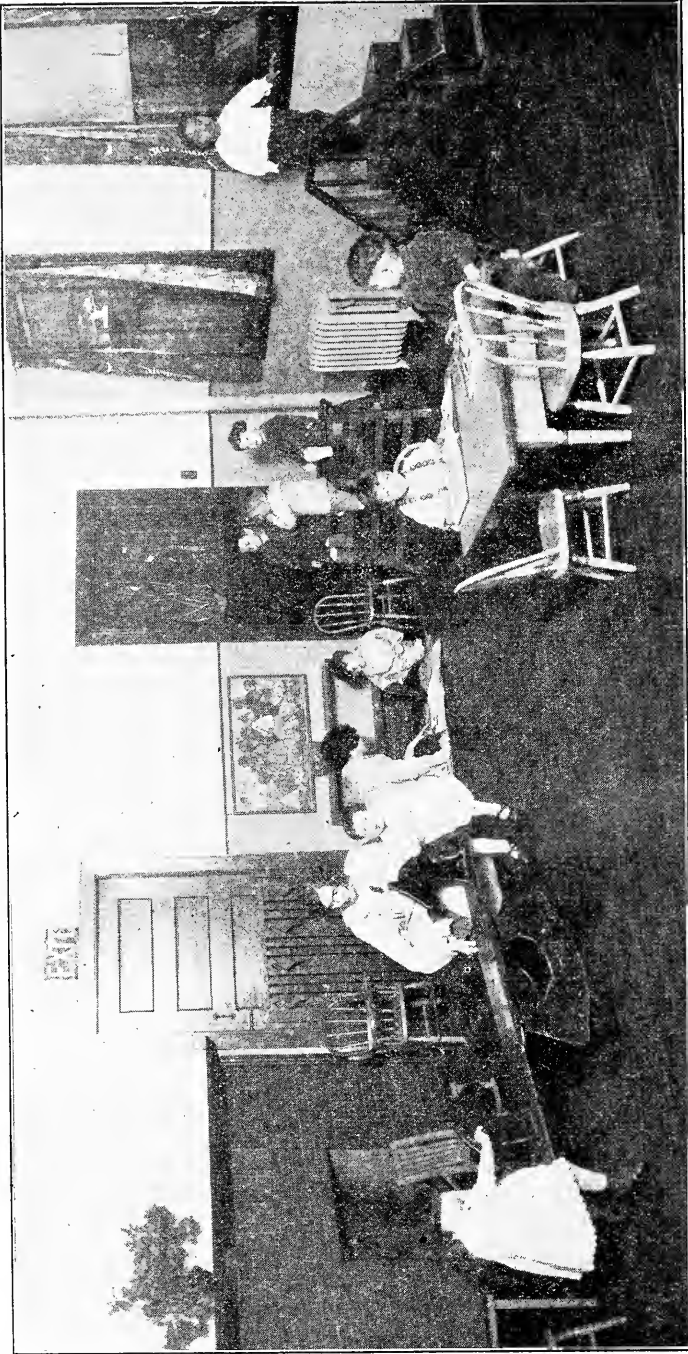
Another research project that it just being launched is a study of the effect of rickets on the learning ability of white rats. This study is being instituted in the hope of ultimately acquiring some knowledge of the effect of rickets on the learning ability of children. It is well known that a considerable proportion of children examined everywhere bear evidence of formerly having had rickets.

Special studies are being made of the children in the nursery-school who are found to have low intelligence quotients. This apparent sub-normality or retardation may be due in some of these children, especially those of foreign parentage, to language handicap. In those cases the apparent mental defects will probably disappear as the child grows older and masters the English language. The retardation or defect may be due, however, to a variety of other causes. Every possible attempt is being made, therefore, to improve their physical and home conditions and their opportunities for training and development, in the hope of helping them to reach higher levels of intelligence before they enter the public schools.

d. *Clinical Service.*

At the request of the United Charities and the Infant Welfare Society the Pre-School and Nursery-School Branch has taken on another field of work in addition to its activities in the nursery-schools. Behavior problem clinics for pre-school children are being conducted one afternoon each week at the Mary Crane headquarters and at Seward Park Station of the Infant Welfare Society. Any child living in these districts may be brought to these clinics for examination, diagnosis, recommendations and treatment. Here as in the nursery-schools the physical examinations are conducted by the Infant Welfare Society and only the psychiatric and psychological aspects are dealt with by the Institute staff, consisting of a psychiatrist, psychologist and a psychiatric social worker. These clinics were begun late in the spring of 1926 so that only seven have been held at the time of writing this report. The indications are, however, that this will prove a very fruitful field, both for service and for research.

Fourteen cases have been examined at these clinics to date. Six of these were boys and eight girls; their ages ranged from seventeen



Photograph by courtesy of National Kindergarten and Elementary College.

Children at Play
 Mary Crane Pre-School and Nursery School Branch
 of the Institute for Juvenile Research.

months to five years, ten months. All of the children were American born but in three cases the parents were of German birth, in three of Italian birth, and in one case of Polish birth. Two of the children were negro children.

The behavior problems for which the children were referred to the clinic included thumbsucking, enuresis, masturbation, stuttering, temper-tantrums, feeding difficulties, failure to adjust to school discipline, apparent mental retardation, failure to walk or talk, and over-dependence on mother. The children who are being brought to our clinics are, for the most part, not sub-normal or retarded mentally. Intelligence tests have been given to these children only when the child was three years of age or over, the Stanford-Binet Examination being used. None of the children has had all intelligence quotient of less than .88. This means that practically all of those examined have had at least normal intelligence. It is planned to test the younger children also during the coming year, using tests especially designed for younger children.

This clinical work is too new to justify any detailed account of it at this date. It should be pointed out, however, that such work offers an invaluable opportunity not only to be of service to individual parents and children, but also to make thorough studies of the behavior problems that are most frequent among very young children, and to study the relative effectiveness of various methods of dealing with these.

e. *Teaching and Training.*

The work of the Pre-School and Nursery-School Branch of the Institute has, as does that of the Institute itself, three aspects. In addition to research and service, there is the function of teaching and training. During this first six months of its existence this unit has functioned in this regard chiefly by special lectures and talks to various types of groups, especially by talks to parents and parent-teacher organizations. Lectures are also given to students at kindergarten colleges who are cadetting in nursery-schools, and during this coming year the staff of the Pre-school unit is to give regular courses of instruction on mental tests and measurements of young children, and on behavior problems of young children. It is also planned to make this Branch of the Institute function, as it develops, as a training center for students in universities and other professional workers who wish to enter this field of service.

APPENDIX.

A. TEACHING.

Dr. Herman M. Adler: Professor of Criminology and Head of the Department of Hygiene, Social Hygiene, Criminology and Medical Jurisprudence, University of Illinois.

Cornelia D. Hopkins: Instructor, Smith College School for Social Work, "Theory of Social Case Work," course given in conjunction with field training of students placed at the Institute. Lecturer,

psychiatric social work, State School for Psychiatric Nursing, Dunning.

Ethel Kavin: January 26, March 3, two lectures on the work of the "Pre-School and Nursery-School Unit" to the students of National Kindergarten College.

Isabel M. Kirkland: Lecturer in undergraduate course in Sociology, Northwestern University (in connection with field practice of students).

B. PUBLICATIONS.

Dr. Herman M. Adler: "Prevention of Delinquency and Criminality by Psychiatry," Proceedings of the American Prison Association, 1925. "What Can the Schools Do in the Recognition and Treatment of Incipient Mental Disorders and Criminal Tendencies during School Age?" Proceedings of the Illinois Academy of Science, 1925.

Helvi Haathi: "The Possibility of Re-education for Post-Encephalitic Children Following Methods Used for Crippled Children." Welfare Magazine, March, 1926.

Cornelia D. Hopkins: "The Psychiatric Social Worker as a Part of the Organization of a Mental Hygiene Clinic," Illinois Welfare Magazine. January, 1926. (Reprinted.) "The Mental Health Clinic, Its Place in the Care of Children in Institutions," Institute Quarterly, September, 1925.

Dr. John A. Larson: "Inheritance of Finger Print Patterns," including an analysis of nine thousand patterns, (in press). "Psychopathology of Deception and Methods for Testing Deception." (Ready for publication).

Mrs. Myrtle Mink and Dr. Herman M. Adler: "Suggested Outline for History Taking in Cases of Behavior Disorders in Children," Welfare Magazine, March, 1926.

Florence Sytz: "An Experiment in Student Training." The Family, April, 1926. (Reprinted.)

Simon H. Tulchin: "History of the Child Study Movement," Welfare Magazine, May, 1926. "Relation of Mental to Physical Growth" (in press.)

Claudia Wannamaker: "Mental Hygiene and Children's Play," Mental Health Bulletin, May, 1926.

Mrs. Myrtle Worthington: "A Study of Some Commonly Used Performance Tests," Journal of Applied Psychology, June, 1926.

C. LECTURES.

Dr. Herman M. Adler: Illinois Conference on Public Welfare, October 19, 1925, Champaign, Illinois, "Prevention of Delinquency by Psychiatry." Hinsdale Woman's Club, October 20, 1925, Hinsdale, Illinois, "What Can the Institute for Juvenile Research Do for the Behavior Problems of Children?" Central Neuropsychiatric Association, October 23, 1925, Ann Arbor, Michigan, "Impressions

of the Ninth International Prison Congress." American Prison Association, November 11, 1925, Jackson, Mississippi, "Prevention of Delinquency and Criminality by Psychiatry." Evanston Woman's Club, November 20, 1925, Evanston, Illinois, "Behavior Problems of Children." Association for Research in Nervous and Mental Diseases, December 26, 1925, New York City, "Schizophrenic Reactions in Prisoners." National Conference of Social Work, May 31, 1926, Cleveland, Ohio, "A State Program for Mental Hygiene: The Illinois Plan." American Pediatric Society, June 1, 1926, Niagara Falls, Canada, "The Contribution of Psychiatry to Pediatrics." American Ortho-psychiatric Association, June 5, 1926, New York City, "An Attempt at a Quantitative Estimate of Certain Behavior Reactions." American Psychiatric Association, June 8, 1926, New York City, "The Relation of Psychiatry to the Social Sciences."

Frances Dummer Parent-Teachers Association of the Nicholas Senn High School, "A Possible Relationship Between Attendance at 'Movies' and Juvenile Delinquency," May 4, 1926.

Cornelia D. Hopkins: Illinois Welfare Conference, Champaign, Illinois, "The Place of the Psychiatric Social Worker in the Care of Children in Institutions." Post-graduate Nurses, Illinois Training School for Psychiatric Nursing, "The Relationship between Social Work and Nursing." Psychology Class of Northwestern University, "Psychiatric Social Work in the Clinic Program." Class Deans, Northwestern University, "The Psychiatric Clinic in its Relation to the College." District Superintendents, United Charities of Chicago, "Corporation Work in the Child Guidance Field."

Ethel Kawin: Chicago Women's Club, January 27, 1926, "The Behavior Research Fund." Radio Talk—Illinois Medical Association, January 29, 1926, "Habit Training for Children." Chicago Women's Club Study Group, February 15, 1926, "Theories of Emotion." Radio talk for Association for Child Study and Parent Education, February 24, 1926, "The Scientific Study of Children's Behavior Problems." Chicago Women's Club Study Group, March 1, 1926, "The Emotional Life of the Adolescent." Staff of the Vocational Bureau, Board of Education, "The Vocational Service of the Institute." Conference of Association for Child Study and Parent Education, March 5, 1926, "Possibilities of Research in Nursery-Schools." Service Counsel for Girls, March 9, 1926, "The Contribution of Psychiatry to Behavior Problems." Cooperative Nursery-School, University of Chicago, March 10, 1926, "Nursery-School Research." Deerfield Highland Park High School, Parent and Teacher meeting, March 16, 1926, Highland Park, Illinois, "The Scientific Study of Problems of Adolescence." Radio talk for Illinois Medical Association, March 31, 1926, "Training for Good Health Habits." The Wisconsin Alumnae Club, April 3, 1926, "The Scientific Study of Human Behavior." Chicago Commons' Annual Meeting of Mothers' Group, April 6, 1926, "New Methods

- of Training Children." North Shore Child Study Group, April 8, 1926, "Suggested Programs for Child Study." Deerfield Highland Park High School, Parents and Teachers Association, April 8, 1926, Highland Park, Illinois, "The Institute for Juvenile Research and High School Students." Radio talk for Illinois Medical Association, April 16, 1926, "The Scientific Study of Human Behavior." Nursery-School Directors and Teachers at the Chicago Woman's Club, May 1, 1926, "Research in Nursery-Schools." Presentation to Institute Staff, May 22, 1926, "The Work of the Pre-School and Nursery-School Branch."
- Isabelle M. Kirkland: Berwyn Woman's Club, "The Scientific Approach to the Study of Behavior." Local Parent-Teachers' Association, "Adolescence and Recreation."
- Dr. John A. Larson: International Association of Identification Experts held at Windsor, Canada; "Use of the Polygraph in Criminal Investigation," illustrated by lantern slides. Convention of International Chiefs of Police, Chicago, Congress Hotel, July 20, 1926, Exhibition of Polygraphic methods for use in police investigation.
- Dr. Walter B. Martin: Rotary Club Luncheon, November, 1925, Joliet, Illinois, "Mental Hygiene for Children." Will-Grundy County Medical Society luncheon, Joliet, Illinois, "Mental Hygiene for Children." Vocational Guidance Section of the Vocational Education Association of the Midwest, March 19, 1926, Des Moines, Iowa, "Behavior Difficulties in School Children." Radio talk over WWAE, November 15, 1925, "Juvenile Delinquency."
- Mrs. Myrtle Strom Mink: Mothers' Circle, January 20, 1926, Hatch and Whittier Schools, Oak Park, Illinois, "Habit Training in Children." Staff of the Jewish Home Finding Society, February 3, 1926, "The Psychiatric Social History." Mothers' Group, Washington-Irving School, Oak Park, Illinois, February 12, 1926, "Why Parents Need Training." Mothers' Pre-School Group, Longfellow School, March 26, 1926, Oak Park, Illinois, "The Importance of the Early Establishment of Good Habits." Staff of the Infant Welfare Society, 308 North Michigan Avenue, April 14, 1926, "The Importance of a History in the Study of a Behavior Problem Case." Lions' Club Luncheon, Logan Square District, April 22, 1926, "Work of the Institute for Juvenile Research." Sunday Evening Club, Pacific Congregational Church, May 9, 1926, "Are You a Parent to Your Child?"
- Dr. Paul S. Schroeder: Associated Mens' Class of Protestant Churches, August, 1925, Joliet, "Mental Hygiene." Illinois Welfare Conference, October, 1925, "Problem Child Difficult to Place." Illinois Lions' Club, January, 1926, Hinsdale, "Practical Application of Mental Hygiene." Camp Fire Leaders, January, 1926, "Adolescent Girl." Community Mens' Club of North Oak Park, March, 1926, "Mental Hygiene." Scout Masters of Fox Valley Council of Geneva, March, 1926, Geneva, Illinois, "Adolescent Boy." Gads Hill Center, February, 1926, "The Social Aspects of the Behavior Problem Child." Council of Social Agencies and

- Teachers, April, 1926, Springfield, Illinois, "Behavior Difficulties of Young Children." Teachers of the Public Schools of Springfield, April, 1926, Springfield, Illinois, "Mental Health Clinic." Special Class of Teachers of the Chicago Public Schools, June, 1926, "Sex Delinquents and How They Are Treated." Two lectures to post-graduates in pediatrics, June, 1926, University of Illinois, "Behavior Difficulties in Children."
- Bernice Scoville: Series of four lectures to South Shore Woman's Club, "Behavior Problems of Children."
- Florence Sytz: Woman's Club, Champaign, Illinois, "Ways of Making Problem Children." Social Workers, Champaign, Illinois, "School Retardation."
- Simon H. Tulchin: Child Welfare Committee of the Chicago Council of Social Agencies, "Behavior Resistance of the Young Child." Chicago State Hospital, Nurses Training School, "The Value of Mental Tests." Dorothy Kahn Child Study Club, "Psychology of the Pre-School."
- Claudia Wannamaker: "The Recreational Work at the Institute for Juvenile Research": Senior Case Workers, Chicago United Charities; Parents of Children in grades 1, 2, 3—Country Day School, Winnetka, Illinois; Guardians' Training Class at local Camp Fire Headquarters; Training Class, School of Social Service Administration, the University of Chicago; Hyde Park Neighborhood Club; Club leaders, Hull-House; South Side Child Study Class; Mothers' Group, Zionist Club; Graduate Nurses' Club; Junior Case Workers, United Charities; American School of Physical Education. Campfire Directors Conference, "Problems of Adolescence in Girls." Series of lectures to Post-graduate Nurses, Illinois Training School for Psychiatric Nursing.
- Mary L. Whitehead: Illinois Welfare Conference, Champaign, Illinois, "Truancy in a Rural District."
- Myrtle R. Worthington: Matrons of Glenwood Manual Training School, "Vocational Counselling." Social workers, Springfield, Illinois, "The Value of Tests in Vocational Guidance."
- Play-room equipment donated by the Recreation Committee of the Chicago Woman's Aid is acknowledged with appreciation. This Committee is headed by Mrs. I. H. Freund. Volunteer service in the play-room from Miss Fried and Miss Wasserman, both University of Chicago students, volunteered as individuals, however, is acknowledged with appreciation.

D. PERSONNEL.

The following appointments have been made during the year July 1, 1925 to June 30, 1926:

Dr. G. J. Mohr, Research Psychiatrist; Dr. L. L. Thurstone, Ethel Kawin, Margaret Frank, Dr. G. J. Rich, Ralph Gundlach and Alice Miller, Research Psychologists; Frederick Amos, Dr. A. L. Beeley, W. H. Cowley, A. H. Klawans, Kathryn Knowlton, Chester Davis, C. W.

Brown, Marion Mason, Leland Monson and E. G. Stoy, Research Assistants; Mrs. N. R. Moore and Mrs. Grace Rademacher, Research Social Workers.

Dr. J. P. Molloy and Dr. D. P. Phillips, Psychiatrists; Beatrice Levey, Hetta Parmelee, Isabelle Kirkland, Bernice Scoville, F. Leslie Smith, Edith Savage, Margaret Warren, Helen Watson, Alva Hammaraskold, Frances Dummer and Lois A. Connor, Social Service Field Workers; Lydia Blakeslee, Mildred Enes, Marjorie Knapheide, Jean McClenaghan, Lucille Shyev and Maud L. Sippy, Student Social Workers; Mrs. Wanda Byan and Vivian Lund, Laboratory Technicians.

John C. Weigel; Dr. Anna Abell, Mrs. G. C. Huitt, Victor Kretchmer, John Picco, Mrs. Sophia Poindexter, Mrs. Grace Wykes, Inspectors-Public Welfare; DeEtta Dewey, Clare Edgar McLure, Sophie Schroeder and Muriel Highlander, Clerks; Eunice Ehlers, Mildred Keily, Ethel Passman, Mrs. Donald Hudson, Sylvia Newlander, Lilian Ruzicka, Sophie Shapiro, Frank Zoran, Winefred Young, Mrs. Pearl Lindsay and Mildred Peregrine, Stenographers.

Frank Cook and Peter Hanafin, Laborers; Mamie Haynes, Nora Green, Mrs. Laura McLilly, Margaret Middleton and Mrs. Jennie Walker, Janitresses.

Resignations were as follows:

Alice Miller, Research Psychologist; Frederick Amos, A. L. Beeley, W. H. Cowley, A. H. Klawans, Kathryn Knowlton, Research Assistants.

Dr. E. S. Rademacher, Psychiatrist; Mrs. Constance Auer, Noble Johnson and Olga Nilson, Psychologists; Margaret Warren, Mrs. E. S. Rademacher, Lois Connor, Edith Savage, Elizabeth Trump, Helen Watson, Mary Whitehead, Beatrice Levey, F. Leslie Smith and Frances Dummer, Social Service Field Workers; Maud Sippy, Marjorie Knapheide, Lydia Blakeslee, Vero Caldwell, Mildred Enes, Jean McClenaghan and Lucille Shyev, Student Social Workers.

Dr. D. Handlin, Physician; Mrs. Wanda Byan, Laboratory Technician; John Picco, Inspector-Public Welfare; Harold Storebo, Winefred Young, Alta Kamnetz, Mrs. Pearl Lindsay, Mildred Peregrine and Nina Roessler, Stenographers.

Hans Buch, Laborer; Mrs. Jennie Walker and Mamie Haynes, Janitresses.

